

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90034 001 ***150.00

DOCUMENT # L46786
 1. Entity Name
MS DEQ, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business 18 Baywood Dr.
 Suite, Apt. #, etc.

3. Mailing Address 3225 S. MacDill Ave
 Suite, Apt. #, etc. Suite #129-237

City & State Palm Harbor, FL
 Zip 34683 Country USA

City & State Tampa, FL
 Zip 33629 Country USA

4. FEI Number 59-2994904
 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Joseph Sorota, Jr., P.A.
28100 US 19 North
Suite 504
Clearwater, FL 34621

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<u>President</u>	<input type="checkbox"/> Delete
NAME	<u>Alejandro M. De Quesada</u>	
STREET ADDRESS	<u>3735 Bayshore Blvd, # 2100</u>	
CITY-ST-ZIP	<u>Tampa, FL 33629</u>	
TITLE	<u>Director</u>	<input type="checkbox"/> Delete
NAME	<u>Dana L. Shires, M.D.</u>	
STREET ADDRESS	<u>409 Bayshore Blvd.</u>	
CITY-ST-ZIP	<u>Tampa, FL 33606</u>	
TITLE	<u>Secretary-Treasurer</u>	<input type="checkbox"/> Delete
NAME	<u>John Stockman</u>	
STREET ADDRESS	<u>18 Baywood Drive</u>	
CITY-ST-ZIP	<u>Palm Harbor, FL 34683</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/16/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)