

2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 04, 2002 8:00 am Secretary of State

02-04-2002 90169 010 ***150.00

DOCUMENT # L46786

1. Entity Name M S DE Q, INC.

Principal Place of Business 18 BAYWOOD DR PALM HARBOR FL 34683 US Mailing Address 3225 S MACDILL AVE SUITE #129-237 TAMPA FL 33629 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-2994904 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOROTA, JOSEPH J JR. 28100 US HWY. 19 NORTH STE. 504 CLEARWATER FL 34621

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with columns for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Delete, Change, Addition. Includes entries for DE QUESADA, ALEJANDRO and SHIRES, DANA L MD.

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 life empowered.

SIGNATURE: [Signature] DATE: 1/17/02 8B-244-8444

FILED

CR2E034 (9/01)