

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L56560

1. Entity Name  
MEDICAL TECH. SERVICES, INC.

R

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90034 041 \*\*\*150.00

Principal Place of Business  
311 ALTAMONTE COMM. BLVD.  
SUITE 1602  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address  
311 ALTAMONTE COMM. BLVD.  
SUITE 1602  
ALTAMONTE SPRINGS FL 32714  
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 59-3003569

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

7. Name and Address of New Registered Agent

CALLAGHAN, MICHAEL  
311 ALTAMONTE COMM. BLVD.  
SUITE 1602  
ALTAMONTE SPRINGS FL 32714

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE PD  
NAME CALLAGHAN, MICHAEL  
STREET ADDRESS 311 ALTAMONTE COMM. BLVD. SUITE 1602  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/00 407-774-7285  
Date Daytime Phone #

CR2E034 (5/00)

*Attachment L56560  
B0104160*

MEDICAL TECH SERVICES, INC  
311 ALTAMONTE  
COMM BLVD  
SUITE 1600  
ALTAMONTE SPRINGS, FL 32714  
407-774-7745

DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 32314


RE: 2000 UNIFORM BUSINESS REPORT

DEAR MS HARRIS,

ON 7/24/00 I RECEIVED A SECOND NOTICE TO FILE MY 2000 UNIFORM BUSINESS REPORT. I CALLED YOUR OFFICE AND INFORMED ROBIN THAT I HAD NEVER RECEIVED THE FIRST NOTICE. ROBIN INSTRUCTED ME TO PAY THE FIRST NOTICE FEE OF \$150.00 AND WRITE A LETTER EXPLAINING WHAT HAD HAPPENED.

I HOPE THIS LETTER WILL EXPLAIN MY LATE FILLING AND THAT YOU WILL ACCEPT THE FIRST FILLING FEE.

SINCERELY,

  
MICHAEL CALLAGHAN  
PRES.