FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90505 009 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L85285

1. Entity Name
MEDICAL CONSULTING SERVICE, INC.

90099692

Principal Place of Business	Mailing Address
114 CANDLEWICK RD ALTAMONTE SPRINGS, FL 32714 US	~~P O BOX 162203~~ ALTAMONTE SPRINGS, FL ~~32716-203 US~~

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	114 Candlewick Rd
City & State	Suite, Apt. #, etc. Altamonte Springs FL
Zip / Country	City & State 32714 / Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3052205 — 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
WARD, CHERYL S. 114 CANDLEWICK ROAD 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WARD, CHERYL S	NAME	
STREET ADDRESS	114 CANDLEWICK ROAD	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cheryl S Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Please change address. No one did last year, nor did they send my Certificate for $8.75.