AMEND

05-12-2003 90253 042 ****61.25
L99692

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN -9 PM 3:00

10104058

DOCUMENT # L99692

1. Entity Name
MEDICAL ESCROW SOCIETY, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
601 N. NEW YORK	601 N NEW YORK
Suite, Apt. #, etc. STE 202	Suite, Apt. #, etc. STE 202
City & State WINTER PARK FL	City & State WINTER PARK FL
Zip 32789 Country	Zip 32789 Country

4. FEI Number 59-3040150 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name SALTSMAN, ROBERT P.
Street Address (P.O. Box Number is Not Acceptable) 222 S. PENNSYLVANIA AVENUE
SUITE 200
City WINTER PARK FL Zip Code 32789

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

January 1, May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	PD
NAME	LANE, CHRISTOPHER
STREET ADDRESS	601 N. NEW YORK AVE. STE 202
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	VPD
NAME	CORDRAY, SIMON
STREET ADDRESS	601 N. NEW YORK AVE. STE 202
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	TSD
NAME	VALDES, GRIFFIN
STREET ADDRESS	601 N. NEW YORK AVE. STE 202
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E104(3) (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Christopher Lane, Pres 5/7/03 800-422-1314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CHRISTOPHER LANE, PRESIDENT