

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M73297

1. Entity Name

MEDICAL SERVICE CONSULTANTS, INC.

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90041 017 \*\*\*150.00

Principal Place of Business

Mailing Address

4120 PINELAKE LANE  
#101  
TAMPA FL 33624  
US

P O BOX 20128  
TAMPA FL 33622-0128  
US

029234



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14502 N. Dale Mabry

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

Tampa, Florida

4. FEI Number

59-2879222

Applied For

Not Applicable

Zip

Country

33618

U.S.

Zip

Country

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

BALL, BERTHA  
4120 PINELAKE LANE  
#101  
TAMPA FL 33624

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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	BALL, BERTHA M.	4120 PINELAKE LN, #101	TAMPA FL 33624	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: Bertha M. Ball Bertha M. Ball

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-20-00 813-908-9608

Date

Daytime Phone #

CR2E034 (9/99)