

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90012 022 ****61.25

DOCUMENT # N00000001893

1. Entity Name

OVERSEAS MEDICAL AID GROUP, INC.

Principal Place of Business

% B. JOHN OVINK, PA
 2402 W. CLEVELAND STREET
 TAMPA FL 33609

Mailing Address

% B. JOHN OVINK, PA
 2402 W. CLEVELAND STREET
 TAMPA FL 33609

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

59-3635450

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

MCMILLAN, EARL D CPA
 8428 ANGELA COURT
 ZEPHYRHILLS FL 33541-7521

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 date if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 HOUSTON, DONALD R PH.D.
 3015 EUCLID AVENUE
 TAMPA FL 33629 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 BUCHAN, BETTY J PH.D.
 3505 TECON STREET
 TAMPA FL 33629 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 OVINK, B. JOHN ESO.
 2402 W. CLEVELAND STREET
 TAMPA FL 33609 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 MCMILLAN, EARL D
 8428 ANGELA COURT
 ZEPHYRHILLS FL 33541 ☐ Delete

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

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☐ Change ☐ Addition

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 617, 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 information.

SIGNATURE:

SIGNATURE REQUIRED

With (see)

4/27/01

813-254-2209

SIGNATURE AND DATE OF FILING OFFICIAL OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Attachment Doc# N00000001893
C00074479

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Overseas Medical Aid Group, Inc.

Dear madam, Sir:

On April 22, 2001, my office mailed a check for \$ 61.25 filing fee for the U.B.R. to your office, together with the signed and completed 2001 U.B.R. From a telephone conversation with your office this morning, I learned that the checks apparently were not made out to the correct agency, and were returned to my office.

I hereby repeat that I did not receive a rejection letter, or a check back from your office.

Please find now enclosed my trust fund check in the amount of \$ 61.25 for the above mentioned corporation, together with a newly signed, 2001 Uniform Business Report. I trust that this time you will be able to accept the U.B.R.

In case you have any questions or concerns, please don't hesitate to contact us by telephone (813) 254-2209, telefax (503) 907-9666, or Email, bj_ovink@bigfoot.com

With Friendly Greetings

B. John Ovink, Esq.
2402 Cleveland St
Tampa FL 33609