

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2001 8:00 am
Secretary of State

02-13-2001 90068 043 ****70.00

DOCUMENT # N95000000726

1. Entity Name

MED HELP INTERNATIONAL, INC.

Principal Place of Business

5631 SEA LAVENDER PLACE
MELBOURNE BEACH FL 32951
US

Mailing Address

6300 NORTH WICKHAM ROAD
SUITE 130, BOX 188
MELBOURNE FL 32940

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3830 South Highway A1A
Suite C-3, PMB#117
Melbourne Beach, Florida 32951

Zip

Country
USA

4. FEI Number **59-3239991**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, CYNTHIA G
5631 SEA LAVENDER PLACE
MELBOURNE BEACH FL 32951

7. Name and Address of New Registered Agent

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

Cynthia G. Thompson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/01

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
THOMPSON, CYNTHIA G ☐ Delete
721 FALLS CREEK DRIVE
WEST MELBOURNE FL 32904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
GARFINKEL, PHILIP T ☐ Delete
3 ANCHOR COURT
HUNTINGTON STATION NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THOMAS, ALTHEA ☐ Delete
838 WINDY HILL LANE
GALLOWAY OH

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WILLIAM R. Bombeski, Jr. ☐ Delete
89 JOSHUA TRAIL
MADISON, CT 06443

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director (D) ☐ Change ☒ Addition
RONALD Fogel, MD
4539 Rolling Ridge Rd.
W. Bloomfield, MI 48323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director (D) ☐ Change ☒ Addition
WILLIAM R. Bombeski, Jr.
89 Joshua Trail
MADISON, CT 06443

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 empowered.

SIGNATURE:

Cynthia G. Thompson, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/01

Date

321-733-0069

Daytime Phone #

CR2E037 (10/00)