

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N95000000726**

1. Entity Name

**MED HELP INTERNATIONAL, INC.**

Principal Place of Business

5631 SEA LAVENDER PLACE  
MELBOURNE BEACH FL 32951  
US

Mailing Address

3830 SOUTH HWY A1A  
SUITE C-3 PMB #117  
MELBOURNE BEACH FL 32951

2. Principal Place of Business

**1393 Keys Gate Drive**

3. Mailing Address

**6300 N. Wickham Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**VIERA, FL**

City & State

**MELBOURNE, FL**

Zip

**32940**

Country

**USA**

Zip

**32940**

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 **CYNTHIA G. THOMPSON**

Street Address (P.O. Box Number is Not Acceptable)

**1393 Keys Gate Drive**

City

**VIERA**

**FL**

Zip Code

**32940**

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*

**7/30/03**

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	THOMPSON, CYNTHIA G	
STREET ADDRESS	721 FALLS CREEK DRIVE	
CITY-ST-ZIP	WEST MELBOURNE FL 32904	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARFINKEL, PHILIP T	
STREET ADDRESS	3 ANCHOR COURT	
CITY-ST-ZIP	HUNTINGTON STATION NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, ALTHEA	
STREET ADDRESS	838 WINDY HILL LANE	
CITY-ST-ZIP	GALLOWAY-OH	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOGEL, MD, RONALD	
STREET ADDRESS	4539 ROLLING RIDGE ROAD	
CITY-ST-ZIP	WEST BLOOMFIELD MI 48323	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOMBECKI, JR, WILLIAM R.	
STREET ADDRESS	89 JOSHUA TRAIL	
CITY-ST-ZIP	MADISON CT 06443	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1393 Keys Gate Dr.	
CITY-ST-ZIP	VIERA, FL 32940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200022514762	
CITY-ST-ZIP	08/22/03--01043--002 **297.50	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	19999 KALKLOSCH RD	
CITY-ST-ZIP	LOGAN, OH 43138	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMBESKI, WILLIAM R., JR.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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*

**7/30/2003**

**321-259-7505**

CR2E037 (9/01)

0014557

**FILED**

**03 AUG 22 PM 2:39**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

DO NOT WRITE IN THIS SPACE

**12-03**