

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 30, 2000 8:00 am**
Secretary of State

06-30-2000 90006 049 ****61.25

DOCUMENT # N96000003425

1. Entity Name

MEDSUPPORT FSF INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**3132 TIMBERVIEW DRIVE
DUNEDIN FL 34689****3132 TIMBERVIEW DRIVE
DUNEDIN FL 34698-2927**

00066110

2. Principal Place of Business

3. Mailing Address

SAME AS ABOVE**SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3387685

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****MARK, FON D
3132 TIMBERVIEW DRIVE
DUNEDIN FL 34698**

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

**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	<input type="checkbox"/> Delete
	PCEO			
	MARK, SUSAN	3132 TIMBERVIEW DRIVE	DUNEDIN FL 34689	
	T			
	MARK, FON D	3132 TIMBERVIEW DRIVE	DUNEDIN FL	
	EVPS			
	PITKIN, PEG	3132 TIMBERVIEW DRIVE	DUNEDIN FL	<input checked="" type="checkbox"/> Delete
	D			
	GAITOR, JANET	3132 TIMBERVIEW DR.	DUNEDIN FL 34698	
	D			
	MAHONEY, LINDA	3132 TIMBERVIEW DRIVE	DUNEDIN FL	
	D			
	PITTMAN-SMITH, ANGELA	3132 TIMBERVIEW DR.	DUNEDIN FL 34698	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	COTTON, LYNETTE	3132 TIMBERVIEW DRIVE	DUNEDIN, Florida 34689		
	D				
	LYN RABB	3132 TIMBERVIEW DRIVE	DUNEDIN, FLORIDA 34689		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

727-781-7910

Date

Daytime Phone #