

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90032 007 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000004597**  
1. Entity Name  
**MEDICAL LEGAL CONSULTANTS, INC**

**445294**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**6908 Desert Inn Terr**

3. Mailing Address  
**SAME**

DO NOT WRITE IN THIS SPACE

City & State  
**Lake Worth, FL**

City & State

4. FEI Number  
**65-0973983**

Applied For  
Not Applicable

Zip  
**33463**

Country  
**US**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

Name  
**KAREN M. SMITH**

Street Address (P.O. Box Number is Not Acceptable)  
**6908 DESERT INN TERR**

City  
**LAKE WORTH**

FL

Zip Code  
**33463**

**DO NOT WRITE  
IN THIS SPACE**

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

**Karen M. Smith**

**2-27-02**

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) ☒

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
KAREN M. SMITH  
6908 DESERT INN TERR  
LAKE WORTH, FL 33463**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Karen M. Smith**

**2-27-02**

**561-964-2108**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)