FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000035822

MSR HEACTHCARE CONSULTANTS, INC.



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90438 004 ***150.00

DO NOT WRITI	E IN THIS S	PACE		
Principal Place of Business 3. Mailing Address				•
9761 NW 58th CT		SAME		
Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State PARKLAND, FL,	City & State		4. FEI Number 65-0997812	Applied For Not Applicable
33076 U.S.A.	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	and the second second second second	the office of the state of the	7. Name and Address of Current Re	gistered Agent
N TOM OO	/DITE	Name	MICHAEL S. RUBIN	1
- DO-NOT-W	C. CAPTURE SEASONER SELECTION OF SELECTION	*Street Addres	ss (P.O. Box Number is Not Acceptable)	
IN THIS SI	PACE	0-	7/ 1 0/1 - 07/ -	
			161 NW 58th C	7
		City P	arkcand,	FL Zip Code 33076
The above named entity submits this statement f the obligations of registered agent.	or the purpose of changing i	its registered office or regis	stered agent, or both, in the State of Florida	a. I am familiar with, and accept
ine obligations of registered agent.				
SIGNATURE				
Signature, typed or printed name of registered agen Jánuary 1 - May 1 Fee Is \$150.00	t and title if applicable. (NO	OTE: Registered Agent signature requ	uired when reinstating)	DATE
After May 1, Fee is \$550.00			9. Election Campaign Finance	ing _ \$5.00 May Be
Amended UBR is \$61.25 Make Check Payable to Florida Department o			Trust Fund Contribution.	Added to Fees
10. OFFICERS AND	86-24 (martingal)			
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NAME MICHAELS. RUB	W	NAME		
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- VARKIANO, FL.	3307 <i>b</i>	CITY ST. ZIP	Company of the Compan	the first the second
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034B (12/02)