

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90008 001 ***150.00

0065643 AV

DOCUMENT # P00000039325

1. Entity Name
MEDMARK PROFESSIONAL MEDICAL SERVICES, INC.

Principal Place of Business Mailing Address
 16721 N W 94TH AVENUE 16721 N W 94TH AVENUE
 ALACHUA FL 32615 ALACHUA FL 32615

2. Principal Place of Business 3. Mailing Address
3520 NW 43RD ST 16721 NW 94TH AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
GAINESVILLE FL ALACHUA FL
 Zip Country Zip Country
FL 32605 USA 32615 USA

4. FEI Number **59-3640664** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
ALTENHOF, MARK Name
16721 N W 94TH AVENUE Street Address (P.O. Box Number is Not Acceptable)
ALACHUA FL 32615 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 Mark Altenhof (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. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTENHOF, MARK 16721 N W 94TH AVENUE ALACHUA FL 32615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Altenhof **1/26/02** (386) 418-3580
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)