

2002 UNIFORM BUSINESS REPORT (UBR)

0103170 AV

DOCUMENT # P00000043826

1. Entity Name

MEDICAL CONSULTING GROUP, INC.

FILED

02 SEP 12 AM 8:18

Principal Place of Business

C/O MARK COOLINS, MD. MBA
4127 ESCONDITO CIRCLE
SARASOTA FL 34238

Mailing Address

C/O MARK COOLINS, MD. MBA
4127 ESCONDITO CIRCLE
SARASOTA FL 34238

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1004622

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COLLINS, MARK MD MBA
4127 ESCONDITO CIRCLE
SARASOTA FL 34238

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
NAME **P COLLINS, MARK MD MBA**
STREET ADDRESS **4127 ESCONDITO CIRCLE**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE ☐ Change ☐ Addition
NAME **400007735294--2**
STREET ADDRESS **-09/13/02--01052--020**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/02

9419251049

Daytime Phone #

CR2E034 (4/02)

Attachment

P000000043826

MCG

A MEDICAL CONSULTING GROUP

September 4, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500


Dear Sirs/Ms.,

As instructed, I am enclosing my Uniform Business Report for 2002, along with a check for \$150 and the following explanation:

Last December, I had my right hip replaced. Unfortunately, during surgery my sciatic nerve was damaged, leaving me intractable, excruciating pain. I was placed on an inadequate amount of pain killers while a pain expert decided to inject steroids into my spinal canal. Unfortunately, this did nothing to relieve the pain and two months later I was admitted to the pain service at Sarasota Memorial Hospital. I was then given a course of heavy narcotics to finally break the pain cycle, which did, but unfortunately left me with short term memory loss. Since then, I have continued to take a moderate amount of narcotics which, as a side effect, has continued to cause both short term memory loss, and an inability to focus on anything, including my business and its obligations.

A few weeks ago, I found all my mail, including the UBR, in a large box, waiting for me to open it. When I opened my URB, and realized it was now late, as was my personal Federal Tax Return, and my personal Intangible Tax. I immediately called all agencies, including the Division of Corporation's URB office. The individual I spoke with at the URB office sympathized with my condition. He instructed me to file my report now, and enclose a check for \$150.00 along with a letter explaining what had happened. I am therefore following these instructions, and thank you and your office for your understanding. If you need a physician's verification, or any supporting material, please let me know. Otherwise, I once again thank you, and am

Very truly yours,



Mark Collins, M.D.