

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

DOCUMENT # P00000049678

1. Entity Name

Medical Surgical Service Providers, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13757 N.W. 20th St.

Suite, Apt. #, etc.

3. Mailing Address

13757 N.W. 20th St.

Suite, Apt. #, etc.

FILED
02 AUG 26 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

City & State
Pembroke Pines, Florida

City & State
Pembroke Pines, Florida

4. FEI Number

651039205

Applied For

Not Applicable

Zip
33028

Country
U.S.A

Zip
33028

Country
U.S.A

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Barbara Gluck

Street Address (P.O. Box Number is Not Acceptable)

13757 N.W. 20th St.

City
Pembroke Pines

FL

Zip Code
33028

**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

Barbara Gluck

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-19-02

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
P/S/T/D
Barbara Gluck
13757 N.W. 20th St.
Pembroke Pines, FL 33028

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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*****70.00 *****61.25

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T. Lewis 8/26/02

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:

Barbara Gluck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-19-02 954-450-8666

Date

Daytime Phone #

CR2E034B (12/01)