

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

06-26-2001 90004 009 ***150.00

DOCUMENT # P00000051758

1. Entity Name

MED SOLUTIONS GROUP, INC.

Principal Place of Business

**11117 WEST OKECHOBEE RD #106
HIALEAH GARDENS FL 33016**

Mailing Address

**11117 WEST OKECHOBEE RD #106
HIALEAH GARDENS FL 33016**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1011563

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

RODRIGUEZ, MERCEDES

17630 NW 76 CT.

MIAMI FL 33014

Name

N/A

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.

N/A

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 12, 2001 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 **PD** ☐ Delete
NAME **RODRIGUEZ, MERCEDES**
STREET ADDRESS **11117 WEST OKEECHOBEE ROAD, #106**
CITY-ST-ZIP **HIALEAH GARDENS FL 33018**

TITLE **PD** ☐ Change ☐ Addition
NAME **RODRIGUEZ MERCEDES**
STREET ADDRESS **11117 WEST OKEECHOBEE RD, #106** **<((CORRECTION))>**
CITY-ST-ZIP **HIALEAH GARDENS, FL. 33018**

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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:

RODRIGUEZ MERCEDES

07/13/01

(305)819-9800 BUS.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P00000051758**.

1. Entity Name

MED Solutions Group Inc.

(6A)

Principal Place of Business

Mailing Address

**11117 West Okeechobee Rd #106.
Hialeah Gardens, FL 33016.**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-1011563.

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

**Mercedes Rodriguez
17630 NW 76th
Miami FL 33015
(Home address).**

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.

NOT APPLICABLE

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 \$150.00
After MAY 1, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ MERCEDES	
STREET ADDRESS	11117 WEST OKEECHOBEE RD, #106	
CITY-ST-ZIP	HIALEAH GARDENS, FL. 33018	

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MED SOLUTIONS GROUP INC
11117 WEST OKEECHOBEE ROAD, #106
HIALEAH GARDENS, FL. 33018
(305) 819-9800 Phone
(305) 556-8611 Fax

Attachment

#P0000051758

76576

MEMORANDUM

Date: July 13, 2001	To: Florida Department of State
Subject: MED SOLUTIONS GROUP, INC NUMBER: P0000051758 ANNUAL REPORT CORRECTED	From: MERCEDES RODRIGUEZ

To Whom It May Concern:

Enclosed please find Annual Report amended as requested, please notice that Box 11 must be corrected, as per Box 12.

If any additional information is needed please contact our office.

Sincerely,


Mercedes Rodriguez
Med Solutions Group Inc.