

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90002 006 ***150.00

DOCUMENT # P00000074701

1. Entity Name

MEDICAL SERVICES AND SUPPORT, INC.

Principal Place of Business

Mailing Address

7289 GARDEN ROAD #200
RIVIERA BEACH FL 33404

7289 GARDEN ROAD #200
RIVIERA BEACH FL 33404

943696

2. Principal Place of Business

3. Mailing Address

1216 66th Street North

1212 66th Street North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg FL

City & State

St. Petersburg FL

4. FEI Number

59-3669247

Applied For

Not Applicable

Zip

Country

33710

Zip

Country

33710

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Hal E. Hershtowitz

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

1212 66th Street North

City

St. Petersburg

FL

Zip Code

33710

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME WYNN, ROBERT P
STREET ADDRESS 7289 GARDEN ROAD #200
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PST D
NAME Hershtowitz, Hal E.
STREET ADDRESS 1140 Third Avenue South
CITY-ST-ZIP Tierra Verde, FL 33715

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V D
NAME Joslin, Timothy J.
STREET ADDRESS 7864 9th Avenue South
CITY-ST-ZIP St. Petersburg, FL 33707

TITLE
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STREET ADDRESS
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hal E. Hershtowitz 04/09/01

Date

Daytime Phone #

(727)

344-1463

CR2E034 (10/00)