

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000074701

FILED
Jan 20, 2003
Secretary of State

Entity Name: MEDICAL SERVICES AND SUPPORT, INC.

Current Principal Place of Business:

1216 66TH STREET NORTH
SAINT PETERSBURG, FL 33710

New Principal Place of Business:

1216 66TH STREET NORTH
SAINT PETERSBURG, FL 337106226

Current Mailing Address:

1212 66TH STREET NORTH
SAINT PETERSBURG, FL 33710

New Mailing Address:

1212 66TH STREET NORTH
SAINT PETERSBURG, FL 337106226

FEI Number: 59-3669247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERSHKOWITZ, HAL E
1212 66TH STREET NORTH
SAINT PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

HERSHKOWITZ, HAL E
1212 66TH STREET NORTH
SAINT PETERSBURG, FL 337106226 US

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:

01/20/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: HERSHKOWITZ, HAL E
Address: 1140 THIRD AVENUE SOUTH
City-St-Zip: TIERRA VERDE, FL 33715

Title: VD () Delete
Name: JOSLIN, TIMOTHY J
Address: 7864 9TH AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: HERSHKOWITZ, HAL E
Address: 1140 THIRD AVENUE SOUTH
City-St-Zip: TIERRA VERDE, FL 337152229

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAL E. HERSHKOWITZ

PSTD

01/20/2003

Electronic Signature of Signing Officer or Director

Date