

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

01-30-2001 90123 014 \*\*\*150.00

0140722 SP

**DOCUMENT # P00000081801**  
 1. Entity Name  
**MEDICAL EXPERT CONSULTING SERVICES, INC.**

Principal Place of Business      Mailing Address  
**300 NORTH COUNTRY ROAD 427 SUITE 101**      **300 NORTH COUNTRY ROAD 427 SUITE 101**  
**LONGWOOD FL 32750**      **LONGWOOD FL 32750**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**300 North County Rd. 427**      **300 North County Rd. 427**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 100**      **Ste. 101**

City & State      City & State  
**Longwood, FL**      **Longwood, FL**  
 Zip      Zip      Country      Country  
**32750**      **32750**

4. FEI Number      Applied For  
**59-3668911**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HAMLIN, PAUL**  
**300 NORTH COUNTRY ROAD 427 SUITE 101**  
**LONGWOOD FL 32750**

7. Name and Address of New Registered Agent  
 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.  
 SIGNATURE      DATE **7/5/01**  
Signature - typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HAMLIN, PAUL</b> <b>300 NORTH COUNTRY ROAD 427 SUITE 101</b> <b>LONGWOOD FL 32750</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

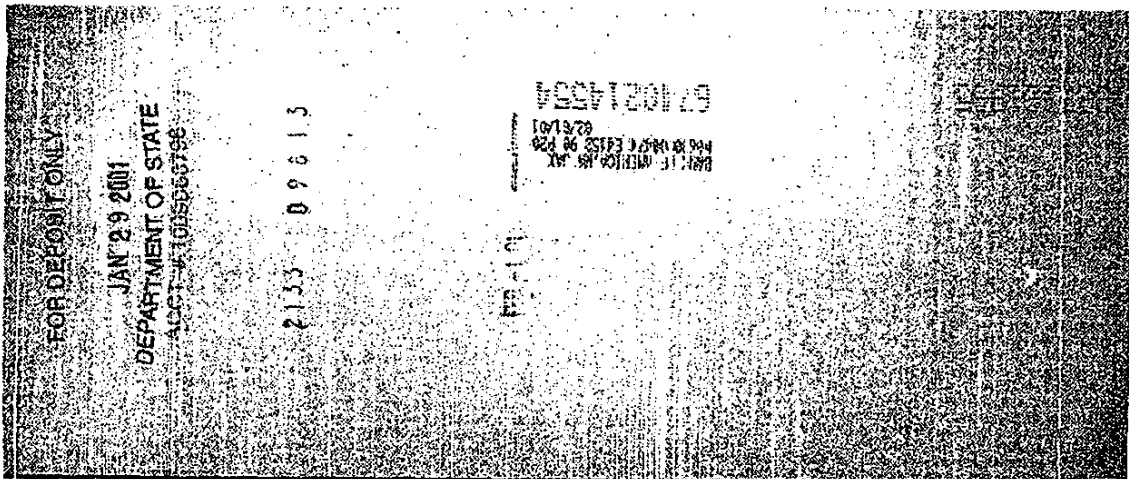
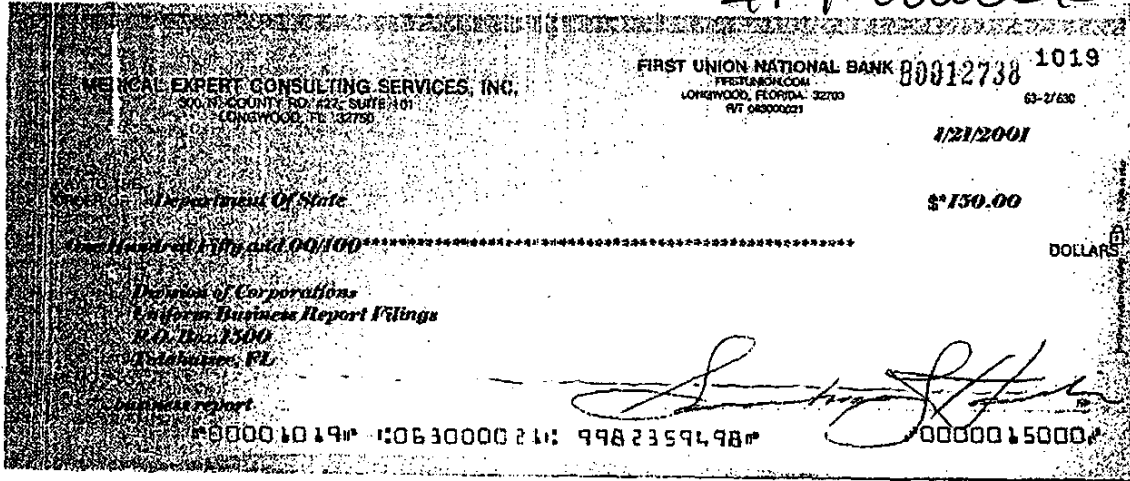
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>300 North County Road 427 Suite 101</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:      Date **7-2-01**      Daytime Phone # **407-332-0022**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)

Attachment  
#D0000081801-71509



REQUEST 20010705004702 150.00  
ROLL 177 20010202 000000013161965  
JOB 08420 P ACCT 0030009982359498  
REQUESTOR BRIAN R REILLY  
PER CUSTOMER REQUEST PLEASE SEND TO AD

MEDICAL EXPERT CONSULTING SE  
300 N COUNTY ROAD 427 STE 101  
LONGWOOD FL 32750-4162