

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 90560 001 ***150.00

DOCUMENT # P00000087633

1. Entity Name

MEDI-VAX SERVICES CORP. OF ORLANDO

Principal Place of Business

**7802 KINGSPORTE PARKWAY, SUITE 102
 ORLANDO FL 32819**

Mailing Address

**7802 KINGSPORTE PARKWAY, SUITE 102
 ORLANDO FL 32819**

2. Principal Place of Business

6616 KINGSPORTE PKWY.

Suite, Apt. #, etc.

3. Mailing Address

6616 KINGSPORTE PKWY

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

Country

32819

Zip

Country

32819

4. FEI Number

59-3672357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

HERNANDEZ, JOSE A II

7802 KINGSPORTE PARKWAY, SUITE 102

ORLANDO FL 32819

7. Name and Address of New Registered Agent

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.

SIGNATURE

N/A

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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **HERNANDEZ, JOSE A**
 CITY-ST-ZIP **902 DE DIEGO AVE URB.REPARTO METROPOLITANO
 SAN JUAN PR 00921-2505**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HERNANDEZ, JOSE A II**
 CITY-ST-ZIP **7802 KINGSPORTE PARKWAY, SUITE 102
 ORLANDO FL 32819**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **HERNANDEZ, JOSE J**
 CITY-ST-ZIP **7802 KINGSPORTE PARKWAY, SUITE 102
 ORLANDO FL 32819**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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:

Jose A Hernandez II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

407-248-2996

Daytime Phone #

CR2E034 (9/01)