

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED

May 17, 2001 8:00 am
Secretary of State

04-19-2001 90060 048 ***150.00

DOCUMENT # **PO0000095419**

1. Entity Name

MANAGED CARE MARKETING SERVICES, INC

Principal Place of Business

Mailing Address

**5932 Leeland ST
ST Pete, FL 33715**

2. Principal Place of Business

3. Mailing Address

5932 Leeland S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST Pete FL

4. FEI Number

59-3679956

Applied For

Not Applicable

Zip

Country

Zip

Country

33715

USA

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

Name

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

City

FL

Zip Code

**Roxanne M. Griffin
5932 Leeland St. So.
St. Petersburg
Florida 33715**

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 re-registering)

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 **President** ☐ Delete
NAME **Roxanne M. Griffin**
STREET ADDRESS **5932 Leeland ST.**
CITY-ST-ZIP **ST Pete, FL 33715**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Roxanne M. Griffin Pres

Date

Daytime Phone #

Apr 10, 2001

864-9114

CR2E034 (11/00)