

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000103085

FILED
Apr 18, 2002 8:00 AM
Secretary of State

Entity Name: MEDICAL SYSTEMS GROUP, INC.

Current Principal Place of Business:

935 2ND STREET
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

935 2ND STREET
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 65-1078477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POSNER, CARTER
3024 DAY AVENUE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POSNER, CARTER
Address: 3024 DAY AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: VPD () Delete
Name: HERNANDEZ, JUAN CARLOS
Address: 10655 S.W. 7TH TERRACE
City-St-Zip: MIAMI, FL 33174

Title: VPD () Delete
Name: POSNER, EDYTHE
Address: 935 2ND STREET
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: HENTSCHL, CHRISTIE L
Address: 3024 DAY AVE.
City-St-Zip: MIAMI, FL 33133

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: CARTER POSNER

PD

04/18/2002

Electronic Signature of Signing Officer or Director

Date