

# 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