

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90377 019 ***150.00

DOCUMENT # P00000103261

1. Entity Name

MED.NET MANAGEMENT SYSTEMS, INC.

Principal Place of Business

11388 OKEECHOBEE BLVD
 ROYAL PALM BEACH FL 33411

Mailing Address

11388 OKEECHOBEE BLVD
 ROYAL PALM BEACH FL 33411

2. Principal Place of Business

11388 Okeechobee Blvd

Suite, Apt. #, etc.

B

City & State

Royal Palm Beach, FL

Zip

33411

Country

Palm Beach

3. Mailing Address

11388 Okeechobee Blvd

Suite, Apt. #, etc.

B

City & State

Royal Palm Beach, FL

Zip

33411

Country

Palm Beach

4. FEI Number

65-1075619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

EWING, ROBERT
 11388 OKEECHOBEE BLVD
 ROYAL PALM BEACH FL 33411

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

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, 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

TITLE	DPST	<input type="checkbox"/> Delete
NAME	BLOOM, JENNIFER	
STREET ADDRESS	11388 OKEECHOBEE BLVD	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LACY, ANGELA F	
STREET ADDRESS	11388 OKEECHOBEE BLVD	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	DV	<input type="checkbox"/> Delete
NAME	EWING, BILLIE J	
STREET ADDRESS	11388 OKEECHOBEE BLVD	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LACY, JOHN	
STREET ADDRESS	11388 OKEECHOBEE BLVD	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	DV	<input type="checkbox"/> Delete
NAME	EWING, ROBERT	
STREET ADDRESS	11388 OKEECHOBEE BLVD	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Jennifer L. Bloom
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)