2001 UNIFORM BUSINESS REPORT (UBR)

5/11/(

FILED
Jun 04, 2001 8:00 am
Secretary of State
05-11-2001 90309 011 ***150.00

DOCUMENT # P00000112070 N/C 04/04/2001 ✓ (TK)

1. Entity Name
~~MEDICOMPLIANCE SOLUTIONS.COM, INC.~~
MEDICOMPLIANT SOLUTIONS, INC

Principal Place of Business	Mailing Address
~~5455 N. FEDERAL HIGHWAY~~	~~5455 N. FEDERAL HIGHWAY~~
~~SUITE 1~~	~~SUITE 1~~
~~BOCA RATON FL 33487~~	~~BOCA RATON FL 33487~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
350 N.W. 12TH AVENUE	350 N.W. 12TH AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DEERFIELD BEACH, FLA	City & State: DEERFIELD BEACH, FLA
Zip: 33442 Country: BROWARD	Zip: 33442 Country: BROWARD

4. FEI Number: 65-1066229 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPEAR, GARRY R
5455 N. FEDERAL HIGHWAY
SUITE I
BOCA RATON FL 33487

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR, PRESIDENT / GARRY R. SPEAR / 20717 CABRILLO WAY / BOCA RATON, FLORIDA 33428 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: Garry R. Spear, GARRY R. SPEAR (954)255-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #