

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112852

1. Entity Name

MEDICAL LINK OF FLORIDA, INC.

FILED
Sep 19, 2001 8:00 am
Secretary of State

09-06-2001 90297 001 ***550.00

09-06-2001 90297 002 *****8.75

Principal Place of Business

3600 STATE RD. 7, STE.330
MIRAMAR FL 33023

Mailing Address

505 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

50475



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3600 South
State Rd. 7 (44) Ste 353

3. Mailing Address 3600 South State Rd 7 (44)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 353

Suite 353

City & State

City & State

MIRAMAR, FL

MIRAMAR, FL

Zip

Country

Zip

Country

33023

FLORIDA

33023

FLORIDA

4. FEI Number 651066466

Applied For

Not Applicable

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

WADE, AUBIN

505 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
NAME **PRESIDENT**
STREET ADDRESS **CHRISTINE H. WHITFIELD**
CITY-ST-ZIP **3600 S. STATE RD 7 (44) MIRAMAR, FL 33023**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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: **C. WHITFIELD**

8-13-01

254-893-8-25

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (5/01)