

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91478 050 ***150.00

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DOCUMENT # P01000014302

1. Entity Name

MEDICAL INTERPRETATION SERVICES, INC.



Principal Place of Business

3235 NE 184TH STREET
11102
AVENTURA FL 33160

Mailing Address

3235 NE 184TH STREET
11102
AVENTURA FL 33260
US

2. Principal Place of Business

2400 E. LAS OLAS BLVD

3. Mailing Address

2400 E. LAS OLAS BLVD

Suite, Apt. #, etc.

157

Suite, Apt. #, etc.

157

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33301

Country

US

Zip

33301

Country

US

4. FEI Number

65-1073375

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LOPRIMO, PETER JOHN
3232 NE 184TH STREET
11102
AVENTURA FL 33160

7. Name and Address of New Registered Agent

Name **PETER JOHN LOPRIMO**
Street Address (P.O. Box Number is Not Acceptable)
6001 N FALLS CIRCLE DR
BLD #9, APT #109
City **LAUDERHILL** FL Zip Code **33319**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/1/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PRES** ☐ Delete
NAME **LOPRIMO, PETER JOHN**
STREET ADDRESS **6001 N FALLS CIRCLE DR, BLD #9, APT #109**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **SEC** ☐ Delete
NAME **LOPRIMO, PETER JOHN**
STREET ADDRESS **6001 N FALLS CIRCLE DR, BLD #9, APT #109**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

(954)486-8828

Date

Daytime Phone #

CR2E034 (10/02)