

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90053 045 ***158.75

DOCUMENT # P01000017409

1. Entity Name

MBS HEALTH, INC.

Principal Place of Business

**9224 WENTWORTH LANE
 PORT ST LUCIE FL 34986**

Mailing Address

**9224 WENTWORTH LANE
 PORT ST LUCIE FL 34986**

UUUUUUUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

320 So. UNIVERSITY DR.

3. Mailing Address

320 So. UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

PLANTATION, FL

4. FEI Number

65-1083520

Applied For

Not Applicable

Zip

33324

Country

USA

Zip

33324

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

BERARD, DAN C

**1335A NW ST. LUCIE BLVD., #201
 PORT ST LUCIE FL 34986**

7. Name and Address of New Registered Agent

Name

DAN C. BERARD

Street Address (P.O. Box Number is Not Acceptable)

320 So. UNIVERSITY DR.

City

PLANTATION

FL

Zip Code

33324

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

Dan C. Berard, PRESIDENT DAN C. BERARD, PRES.

4-23-02

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, 2002 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 **DP** ☒ Delete
 NAME **BERARD, JEFFREY T**
 STREET ADDRESS **9224 WENTWORTH LANE**
 CITY-ST-ZIP **PORT ST LUCIE FL 34986**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ADD. PRESIDENT (PST)** ☒ Change ☒ Addition
 NAME **BERARD, DAN C.**
 STREET ADDRESS **320 So. UNIVERSITY DR.**
 CITY-ST-ZIP **PLANTATION, FL 33324**

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

TITLE ☐ Change ☐ Addition
 NAME
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 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:

Dan C. Berard DAN C. BERARD

4-23-02

(954) 452-7930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)