

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90049 018 ***150.00

DOCUMENT # P01000036505

1. Entity Name

medsolutions international inc.

MEDSOLUTIONS INTERNATIONAL INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1170 West S.R. 434

Suite, Apt. #, etc.
Suite-499

City & State
Longwood, Florida

Zip
32750

Country
U.S.A.

3. Mailing Address
P.O. Box 521355

Suite, Apt. #, etc.
N/A

City & State
Longwood, Florida

Zip
32752

Country
U.S.A.

4. FEI Number
59-3709157

Applied For
Not Applicable

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

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94060769

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Raymond Swier

Street Address (P.O. Box Number is Not Acceptable)
1170 West S.R. 434

Suite-499

City
Longwood

FL

Zip Code
32750

8. The above named entity subscribes 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  Raymond Swier, VP-S-D.

4/20/2004

Signature, typed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
P.T.D.
Ken Crooker
1170 West S,R, 434 Suite-499
Longwood, Florida 32750

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP.S.D.
Raymond Swier
1170 West S.R. 434 Suite-499
Longwood, Florida 32750

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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 thereof empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with or without other authority empowered.

SIGNATURE:  Raymond Swier VP.S.D.

4/20/2004

(407)257-5511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)