

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

DOCUMENT # P01000068358

1. Entity Name

NATIONALOCCMED.COM, INC.



FILED

03 NOV 25 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
450-106 SR13 N, SUITE: 271

3. Mailing Address  
450-106 SR13 N, SUITE: 271

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
JACKSONVILLE, FL

City & State  
JACKSONVILLE, FL

**REINSTATEMENT 02-03 UBR**

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip  
32259

Country

Zip  
32259

Country

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name O'NAN, JAMES M

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

450-106 SR13 N, SUITE: 271

City JACKSONVILLE

FL

Zip Code  
32259

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 or officer 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/D) O'NAN, JAMES M.  
450-106 SR13 N, SUITE: 271  
JACKSONVILLE, FL 32259

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
7000025525637  
12/16/03--01034--006 \*\*450.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
(S/D) O'NAN, KATRINA C.  
450-106 SR13 N, SUITE: 271  
JACKSONVILLE, FL 32259

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Phone #

CR2003-08 (12/02)

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS I AM SENDING THIS UBR FORM ALONG WITH A CHECK FOR \$300.00 TO PROPERLY UPDATE MY CORPORATION. DUE TO A CHANGE OF ADDRESS I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE REGARDING THE 2002 UNIFORM BUSINESS REPORT.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY



JAMES O'NAN  
PRESIDENT