

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

03-24-2003 90239 048 ***150.00

DOCUMENT # P01000068835

1. Entity Name
MOBILE MEDICAL ADVANTAGE INC.



55026831

Principal Place of Business
**14325 WATERFORD CHASE PKWY
ORLANDO FL 32828**

Mailing Address
**14325 WATERFORD CHASE PKWY
ORLANDO FL 32828**



2. Principal Place of Business

1850 Lee Road

Suite, Apt. #, etc.

320

3. Mailing Address

1850 Lee Road

Suite, Apt. #, etc.

320

☐ CHECK HERE IF MAKING CHANGES

City & State
Winter Park Florida

City & State
Winter Park Florida

4. FEI Number
59-3732389

Applied For
☐ Not Applicable

Zip
32789

Country
Orange

Zip
32789

Country
Orange

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

6. Name and Address of Current Registered Agent

**TORRES-RODRIGUEZ, MARLENE
14325 WATERFORD CHASE PKWY
ORLANDO FL 32828**

7. Name and Address of New Registered Agent

Name
Marlene F. Rodriguez
Street Address (P.O. Box Number is Not Acceptable)
1850 Lee Road Ste 320
Winter Park **FL** **32789**
City Zip Code

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 **Marlene F. Rodriguez**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/03

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 NAME STREET ADDRESS CITY-ST-ZIP	PD TORRES-RODRIGUEZ, MARLENE 14325 WATERFORD CHASE PKWY ORLANDO FL 32828 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, PAUL 14325 WATERFORD CHASE PKWY ORLANDO FL 32828 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Marlene F. Rodriguez**

RECEIVED

3/14/03

CR2E034 (10/02)