

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90232 024 ***150.00

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DOCUMENT # P01000073928

1. Entity Name
FRONTLINE HEALTH SERVICES INCORPORATED



Principal Place of Business
9200 S DADELAND BLVD STE 825
MIAMI FL 33156

Mailing Address
9200 S DADELAND BLVD STE 825
MIAMI FL 33156

2. Principal Place of Business

4905 W LAUREL STREET

3. Mailing Address

SAHE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 302

AS

City & State

City & State

TAMPA FL

WILTON

Zip

Country

Zip

Country

33607

HILLSBOROUGH

←

←

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1141583**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, HUGH L JR
9200 S DADELAND BLVD STE 825
MIAMI FL 33156

Name

ROBYNE J. MALYS

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

4905 W. LAUREL ST #302

City

TAMPA

FL

FL

Zip Code

33607

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

Robyne J. Malys - President

4/29/03

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MALYS, ROBYNE J**
STREET ADDRESS **4905 W LAUREL ST STE 302**
CITY-ST-ZIP **TAMPA FL 33607**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Robyne J. Malys
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

Daytime Phone #

813-282-7011

CR2E034 (10/02)