

FILED

Apr 21, 2002 8:00 am  
Secretary of State

03-14-2002 90335 001 \*\*\*900.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000083326

1. Entity Name

MEDICAL ESCROW CONSULTANTS, INC.

Principal Place of Business

601 N. NEW YORK AVE.  
WINTER PARK FL 32789

Mailing Address

601 N. NEW YORK AVE.  
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3040150

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

SALTSMAN, ROBERT P  
222 S. PENNSYLVANIA AVE., STE. 200  
WINTER PARK FL 32789

Name

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

City

FL

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.

SIGNATURE

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 State10. Election Campaign Financing  
Trust Fund Contribution.☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D  
NAME GARCIA, M.A. III  
STREET ADDRESS 601 N. NEW YORK AVE.  
CITY-ST-ZIP WINTER PARK FL 32789☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP  
NAME BARKETT, R  
STREET ADDRESS 601 N NEW YORK AVE. STE 201  
CITY-ST-ZIP WINTER PARK, FL 32789☐ Change☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-02

Date

407-447-4300

Daytime Phone #

CR2E034 (9/01)