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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
05-12-2002 90537 005 ***150.00

DOCUMENT # P01000094521

1. Entity Name
MEDSERV OPERATIONS, INC.

Principal Place of Business	Mailing Address
5200 BLUE LAGOON DRIVE SUITE 890 MIAMI FL 33126	5200 BLUE LAGOON DRIVE SUITE 890 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12415 SW 136 Ave	12415 SW 136 Ave
Suite, Apt. #, etc.: Unit #2	Suite, Apt. #, etc.: Unit #2
City & State: Miami, FL	City & State: Miami, FL
Zip: 33186 Country: USA	Zip: 33186 Country: USA

4. FEI Number 65-1141168 ☐ 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
LEVINSON, MICHAEL MD, JD ~~5200 BLUE LAGOON DRIVE SUITE 890~~ ~~MIAMI FL 33126~~	Name: Michael Levinson, MD, JD Street Address (P.O. Box Number is Not Acceptable): 12415 SW 136 Ave Unit #2 City: Miami FL Zip Code: 33186

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] 4/24/02
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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS LEVINSON, MELVIN MD ~~5200 BLUE LAGOON DRIVE SUITE 890~~ ~~MIAMI FL 33126~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	12415 SW 136 Ave, #2 Miami, FL 33186 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOT LEVINSON, MELVIN MD ~~5200 BLUE LAGOON DRIVE SUITE 890~~ ~~MIAMI FL 33126~~ ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Michael Levinson CEOT 12415 SW 136 Ave, #2 Miami, FL 33186 ☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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] MD Michael P. Levinson 4/24/02 305/233-1525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #