

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

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90099 008 \*\*\*150.00

DOCUMENT # PO/000/00015 ✓  
1. Entity Name  
MEDACCOUNT FINANCIAL SERVICES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
907 TREE GARDEN DRIVE  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. BOX 290068  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
PORT ORANGE FL  
Zip  
32127  
Country  
USA

City & State  
PORT ORANGE FL  
Zip  
32129  
Country  
USA

4. FEI Number  
02-0564619

Applied For  
Not Applicable

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  
BEARDSLEE, JANE K.

Street Address (P.O. Box Number is Not Acceptable)  
907 TREE GARDEN DRIVE

City  
PORT ORANGE FL Zip Code  
32127

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 Jane K. Beardslee PRES. 4-18-02  
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) ☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P.  
BEARDSLEE, JANE K.  
907 TREE GARDEN DRIVE  
PORT ORANGE FL 32127

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V.  
BEARDSLEE, DONALD R.  
907 TREE GARDEN DRIVE  
PORT ORANGE FL 32127

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jane K. Beardslee PRES. 4-18-02 (386) 788-6887  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)