


FILED

Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000008253


1. Entity Name
OUTPATIENT RECORDS, INC.



Jan 30, 2007 08:00 AM
Secretary of State

Principal Place of Business
104 W. VINE STREET
INVERNESS FL 34450
US

Mailing Address
104 W. VINE STREET
INVERNESS FL 34450
US



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number 80-0033081
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KOVACH, MICHAEL T SR
106 N OSCEOLA AVE
INVERNESS FL 34450

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
D KOVACH, MICHAEL T SR 106 N OSCEOLA AVE INVERNESS FL 34450
P MONIER, DAVID I 104 W. VINE STREET INVERNESS FL 34450

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY ST ZIP
U000000611756 02/02/07-80077-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ DATE: 1/26/07