

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

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90160 037 \*\*\*150.00

DOCUMENT # P02000028938

1. Entity Name

MED-SENSE, Inc. ✓



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

204 MALIBU CIR

Suite, Apt. #, etc.

3. Mailing Address

204 MALIBU CIRCLE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

65-0550884

Applied For

Not Applicable

Zip

33413

Country

PAIm Beach

Zip

33413

Country

PAIm Beach

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

DANNY DUNNAM

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

204 MALIBU CIRCLE

City

West Palm Beach

FL

Zip Code

33413

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

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

DANNY DUNNAM Co-Owner

4/1/03

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	CO-OWNER
NAME	DANNY DUNNAM
STREET ADDRESS	204 MALIBU CIR.
CITY-ST-ZIP	West Palm Beach, FL 33413
TITLE	CO-OWNER
NAME	William Amador
STREET ADDRESS	208 E. 3 FOXTAIL DR
CITY-ST-ZIP	West Palm Beach, FL 33415
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

Date

561-309-9289

Daytime Phone #

CR2E034B (12/02)