

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0485/51
AV

DOCUMENT # P02000069290

1. Entity Name
SUMMIT MEDICAL LITIGATION CONSULTING, INC.



FILED
03 DEC -9 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1128 GROVE STREET
CLEARWATER FL 33755

Mailing Address
1128 GROVE STREET
CLEARWATER FL 33755



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

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

REINSTATEMENT 03
CHECK HERE FOR NAME CHANGES

6. Name and Address of Current Registered Agent
DECARLO, ANDRA J
1128 GROVE STREET
CLEARWATER FL 33755

4. FEI Number
04-3708353

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DECARLO, ANDRA J 1128 GROVE STREET CLEARWATER FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Andra J. Decarlo **12-04-03 727-445-1044**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/02)