

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90321 036 ***150.00

DOCUMENT # P02000089551



1. Entity Name
SALON EN' SUITES, INC.

Principal Place of Business
2510-D NORTH MONROE STREET
TALLAHASSEE FL 32303

Mailing Address
PO BOX 180232
TALLAHASSEE FL 32318

22001665



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0532462

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BOYCE, LISA D
2510-D NORTH MONROE STREET
TALLAHASSEE FL 32303

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

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

(NOTE: Registered Agent signature required when reinstating)

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
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D BOYCE, LISA D
PO BOX 180232
TALLAHASSEE FL 32308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-03

850-552-0621

Date

Daytime Phone #

CR2E034 (10/02)

22001664

Attachment



#970000/97/6

January 30, 2003

Division of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee, FL 32302-1500

Re: Medical Claims Management, Inc.

Gentlemen;

I am enclosing the 2003 For Profit Corporation Uniform Business Report for Medical Claims Management. I am also enclosing a check for \$150 in payment of the fee due with this filing. Should you have any questions regarding the above or the enclosed, Please do not hesitate to call me.

Sincerely,

A handwritten signature in dark ink, appearing to read "J. Audie, Jr.", is written over a faint, circular embossed seal. The seal contains text that is mostly illegible but appears to include "OFFICE OF THE" and "TALLAHASSEE, FLORIDA".

Joseph J. Audie, Jr.
President

Giving you control of your health.

3472 Weems Road, Suite 2 • Tallahassee, Florida 32317 • Phone 1-850-553-4644 • Fax 1-850-385-4104 •
www.MCMMaxcare.com