2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2003 8:00 am Secretary of State

Matting Accrets Size (COMA WAY NIAM), FL 33155 Sules, ACR 4, etc. CHICA State	DOCUMENT # P02000095986 1. Entity Name MED-TYPE LEGAL & PROFESSIONAL SERVICES, INC.							05-05-2003 91		**150.00	
### Process 1. Mainty Andrews Sulter, Apt 4, etc.	Principal Plac	e of Busines	s ^	Mailing Address		- L		AATEOOTA			
Sulfe, Apt. #, etc. Galle, Apt. #, etc. GALLE, etc. GALLE & RANKING CHANGES City & State City & State City & State A. FEI Number City Application New Application New Application New Application New Application See State See State						•		•			
Sulfe, Apt. #, etc. City & State	2 Principal C	Tace of Busin	nanc	3 Mailing Address			-				
City & State Ci	z. rinopar	lace of Dual		e Manni Burras			1 11	HERREN 111 STILL HAN BERR ARIIK BRILL B	IIIR IRIUL UKUL		
Zip Country Zip Country 8. Certificate of Status Devices Status Deviced	Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
See Address (P.O. Box Number Is Not Acceptable) - Name and Address of Current Registered Agent - Name and Address of New Registered Agent - Name and Address of Roth Registered Agent - Name	City & Stat	ie	·	City & State			1 -				
Signature Sign	Z)p Country			Zip Coun		itry	5 Certificate of Status Desired S8.75 Addition		Additional		
MORALES, JENNY 8120 CORAL WAY MAMI, FL 33166 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. SIGNATURE PO		& Name	and Address of Current I	Perintered Ament	<u> </u>	T	7 N		Fee Hed	Lired	4
MORALES, JENNY MAMI, FL 33166 Street Address (P.O. Box Number is Not Acceptable) City FL Zp Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered apent, or both, in the State of Florida. I am familiar with, and accept the occiptations of registered degrees. SIGNATURE FLE ABSYTI F. SEC 35 \$180.007 After the purpose of changing and the Applicate. POTE Representations assessed the Abstraction. POTE Representations assessed the Abstraction. POTE Representations assessed the About the Application. POTE Representations assessed the Abstraction. POTE Representation assessed the Abstraction. POTE Representations assessed the Abstraction. POTE Representation assessed the Abstraction assessed the Abstraction. POTE Representation assessed the Abstraction. POTE Representation assessed the Abstraction. POTE Representation assessed the Abstraction assessed the Abstraction. POTE Representation assessed the Abstraction assessed the Abstraction assessed the Abstraction. POTE Representation assessed the Abstraction. POTE R		G, REIN		edimental vileur		Name	7. 19	String and very lasts on less the first	Jen Marit		-
A. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Stream, topadio primation amond deplination in military application. NOTE Registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ONTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ONTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the the familiar with, and accept the familiar with accept the familiar with, and accept the familiar with, and	MORALES, JENNY					Street Address					
A. 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	MIAMI, FL	33156	•				<u></u>				\dashv
8. The above named entity submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE						City				2ode	-
The colligations of registered agent. SIGNATURE SIGNA	, , , , , , , , , , , , , , , , , , ,			Al A - L 1							4
FILE HOWEITS EEER'S FIGE IOD AFFEC WITH A SEGUED A CHARGE STORE WITH A SEGUED A Add do no Add do				the purpose of changing its	s register	ea onice or registe	seo añe	ent, or boun, in the State of Florida.	am ramiliar w	ял, апо ассери	
After May 1, 2003 Fee and the SSS, 00 state while Check Psychibit to Flürde Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD	SIGNATURE	Signature, typeu	for printed name of registered agent a	nd title if applicable. (NOT	E: Regitters	al Agenta'gnaluje jeguire	ide nadw be	instating) O	ATE		
After May 1, 2003 Fee and the SSS, 00 state while Check Psychibit to Florido Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD		LENOW	II GEERS STOLEN								
TITLE MAKE STREET ADDRESS CONTY-ST-ZP TITLE MAKE STREET ADDRESS CONTY-	Affe Make Creck	May 1, 20 Payable 1	03 Fee will be \$550 00 o Florida Department o	f State	į .					ded to Fees	
NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET	10.	editales e propositi	OFFICERS AND I	DIRECTORS	11.	·	ADI	I DITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 11	\dashv
NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET	TITLE	PD		☐ Delete	tau	E			☐ Chan	ge 🔲 Addition	ŝ
NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET	NAME	ſ	•		NAH	E					200
NAME STREET ADDRESS CITY-ST-2P CI					1						88
NAME STREET ADDRESS CITY-ST-2P CI		NOMEST	EAD, FL 33035					· · · · · · · · · · · · · · · · · · ·			길
STREET ADDRESS CITY-ST-ZEP TITLE MAME STREET ADDRESS CIT		ļ		∟ Delete		İ			∐ ¢nan	ke □ varanou	, ∤ಜ
TITLE Delete TITLE Delete Addition NAME STREET ADDRESS CTY-ST-ZIP TITLE Delete TITLE Delete Addition NAME STREET ADDRESS CTY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CTY-ST-ZIP TITLE Delete TITLE Delete Addition NAME STREET ADDRESS CTY-ST-ZIP TITLE Delete TITLE Delete Addition NAME STREET ADDRESS CTY-ST-ZIP TITLE Delete TITLE Delete Addition NAME STREET ADDRESS CTY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CTY-ST-ZIP TITLE Delete Addition NAME STREET ADDRESS CTY-ST-ZIP TITLE DELete Delete Addition NAME STREET ADDRESS CTY-ST-ZIP TITLE DELete					1	·-					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-	CITY-ST-ZIP	İ			CITY	-ST-ZIP					
STREET ADDRESS CITY-ST-ZP TITLE Delete TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP Delete TITLE	TITLE			Delete — -		E			Chan	ge Addition	٦,
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZI		}				ļ.					
TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE T											
NAME STREET ADDRESS CITY-ST-ZIP TITLE INAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated on this many and finer or director. Indicated on this many of a purplemental ground in this end sequirate and that my signature shall have the same legal effect as if made under cetty that I am an officer or director.	TITLE			☐ Delete	TOU	E			☐ Chan	e Addition	╣
CITY-ST-ZIP TITLE INAME STREET ADDRESS CITY-ST-ZIP TITLE INAME STREET ADDRESS CITY-ST-ZIP TITLE INAME STREET ADDRESS CITY-ST-ZIP TITLE INAME STREET ADDRESS CITY-ST-ZIP TITLE INAME STREET ADDRESS CITY-ST-ZIP TITLE INAME INAME STREET ADDRESS CITY-ST-ZIP TITLE INAME INAME STREET ADDRESS CITY-ST-ZIP TITLE INAME INAME INAME STREET ADDRESS CITY-ST-ZIP TITLE INAME IN	KAME				HAM	ε			— .	_	1.
TITLE Delete TITLE NAME Addition NAME N					B						
NAME STREET ADDRESS CITY-ST-ZP TITLE INAME STREET ADDRESS CITY-ST-ZP TITLE INAME STREET ADDRESS CITY-ST-ZP TITLE INAME STREET ADDRESS CITY-ST-ZP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3XI). Florida Statutes, I further certify that the information indicated on this paper of a purplemental good in the and accurate and that my signature shall have the same legal effect as if made under ceth, that I am an officer or director.				□ Delete					☐ Chan	se 🗀 Addition	
STREET ADDRESS CITY-ST-ZIP TITLE TI		L:		LI URBRE	1]			C Cuigni	ங் ⊓ ∠ ளன்றும	
TITLE Delete TITLE Delete TITLE Delete TITLE Delete				¥.	1	1	1		٠,	*	
NAME STREET ADDRESS CITY-ST-ZIP 12. It hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3XI). Florida Statutes, I further certify that the information indicated on this paper of a purplemental capacities and that my signature shall have the same legal effect as if made under only that I am an officer or cliractor.	CITY-ST-ZP	. 44	The state of the s		СПУ	-S1 -21P				<u> </u>	4
STREET ADDRESS CITY - ST - ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3XI). Florida Statutes, I further certify that the information indicated on this parcet or purplemental capacities and that my signature shall have the same legal affect as if made under only that I am an officer or director.		y = 1 - 3							☐ Chen	ge · [] Addition	
City-st-2iP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3XI). Florida Statutes, I further certify that the information indicated on this party of supplemental capacities and that my signature shall have the same legal effect as if mode under cath, that I am an officer or cliractor.			•				_	· · · · · · · · · · · · · · · · · · ·			
Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal affect as if made under onth, that I am an officer or director.	. , ,		•		1						
	Indicated	on this remov	thor cumplemental report to:	to be and accurate and that i	mu einnat	hira chail hava tha	come le	and affact so it made under ooth- th	et lam an offi	ser or director	

SIGNATURE: