

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90004 015 ***150.00

DOCUMENT # P02000133207

1. Entity Name
MEDSOURCE OF CENTRAL FLORIDA, INC.



Principal Place of Business
**7 SOUTH HWY 17-92
DEBARY, FL 32763**

Mailing Address
**7 SOUTH HWY 17-92
DEBARY, FL 32763**

54064849



2. Principal Place of Business
1495 SOUTH VOLUSIA

3. Mailing Address
1495 SOUTH VOLUSIA

Suite, Apt. #, etc.
101

Suite, Apt. #, etc.
101

City & State
ORANGE CITY FL

City & State
ORANGE CITY FL

Zip
32763

Country

Zip
32763

Country

07232004

Chg-P

CR2E034 (10/03)

4. FEI Number
55-0816658

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOWLING, LAURIE
7 SOUTH HWY 17-92
DEBARY, FL 32763**

7. Name and Address of New Registered Agent

Name **LAURIE BOWLING**

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

1495 SOUTH VOLUSIA AVE

City **DEBARY**

State **FL**

Zip Code **32763**

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 **Laurie Bowling**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **7/23/04**

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **BOWLING, LAURIE**
STREET ADDRESS **2845 CHARMONT DR**
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #