

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P11619**

1. Entity Name

MEDVEST CORPORATION**FILED**
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90148 046 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

725 TALAMORE DR.
P. O. BOX 2002
AMBLER PA 19002725 TALAMORE DR.
P. O. BOX 2002
AMBLER PA 19002-1815

2. Principal Place of Business

1000 Chesterbrook Blvd.

3. Mailing Address

1000 Chesterbrook Blvd.

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Berwyn, PA

City & State

Berwyn, PA

Zip

19312

Country

USA

Zip

19312

Country

USA

4. FEI Number

23-2426478

Applied For

Not Applicable

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

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME VD
STREET ADDRESS MARTELL, NICHOLAS V
CITY-ST-ZIP 725 TALAMORE DR.
AMBLER PA 19002TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1000 Chesterbrook Blvd, Suite 100
CITY-ST-ZIP Berwyn, PA 19312TITLE ☐ Delete
NAME VSD
STREET ADDRESS DUCKWORTH, W. JOSEPH
CITY-ST-ZIP 725 TALAMORE DR.
AMBLER PA 19002TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1000 Chesterbrook Blvd, Suite 100
CITY-ST-ZIP Berwyn, PA 19312TITLE ☐ Delete
NAME TD
STREET ADDRESS DAVIS, HAROLD M
CITY-ST-ZIP 725 TALAMORE DR.
AMBLER PA 19002TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1000 Chesterbrook Blvd, Suite 100
CITY-ST-ZIP Berwyn, PA 19312TITLE ☐ Delete
NAME PD
STREET ADDRESS MALOOMIAN, DENNIS
CITY-ST-ZIP 725 TALAMORE DR.
AMBLER PA 19002TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1000 Chesterbrook Blvd, Suite 100
CITY-ST-ZIP Berwyn, PA 19312TITLE ☐ Delete
NAME AT
STREET ADDRESS SMITH, JAMES A III
CITY-ST-ZIP 725 TALAMORE DR.
AMBLER PA 19002TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1000 Chesterbrook Blvd, Suite 100
CITY-ST-ZIP Berwyn, PA 19312TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 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

James A. Smith III

4/30/00

610-251-5000

Date

Daytime Phone #

CR2E034 (9/99)