

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90269 039 ***150.00

DOCUMENT # P92000012969

1. Entity Name
MEDICAL LEASE ASSOCIATES, INC.

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| Principal Place of Business 8810 NW 18TH ST CORAL SPRINGS FL 33071 US | Mailing Address 8810 NW 18TH ST CORAL SPRINGS FL 33071 US |
|---|---|



DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business 9651 N.W. 39th Ct. Suite, Apt. #, etc. | 3. Mailing Address 9651 N.W. 39th Ct. Suite, Apt. #, etc. |
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| City & State Coral Springs, Fl | City & State Coral Springs, Fl | 4. FEI Number 65-0375476 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33065 | Country U.S.A. | Zip 33065 | Country U.S.A. |

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| 6. Name and Address of Current Registered Agent KENDRICKS, LINDA 10630 WILES RD CORAL SPRINGS FL 33076 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back) | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KENDRICKS, DAVID A 8810 NW 18TH ST CORAL SPRINGS FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Dave Kendricks 9651 N.W. 39th Ct. Coral Springs, Fl 33065 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTS EASLER, LINDA 10630 WILES RD CORAL SPRINGS FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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: *David Kendrick* Date: 02/15/01 Daytime Phone #: (954) 375-9800

CR2E034 (10/00)