

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

09-10-2001 90043 022 \*\*\*550.00

0087828 AV

**DOCUMENT # P93000038647**

1. Entity Name  
**MEDICAL TECHNOLOGY SOLUTIONS, INC.**

Principal Place of Business

**3014 US HIGHWAY 301 N  
 SUITE 500  
 TAMPA FL 33619  
 US**

Mailing Address

**3014 US HIGHWAY 301 N  
 SUITE 500  
 TAMPA FL 33619  
 US**

2. Principal Place of Business

**7513 YARDLEY WAY**

Suite, Apt. #, etc.

3. Mailing Address

**7513 YARDLEY WAY**

Suite, Apt. #, etc.

City & State  
**TAMPA, FL.**

Zip Country  
**33647 US**

City & State  
**TAMPA, FL.**

Zip Country  
**33647 US**

4. FEI Number  
**59-3190015**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

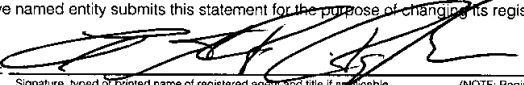
6. Name and Address of Current Registered Agent

**TAYLOR, PETER F  
 7513 YARDLEY WAY  
 TAMPA FL 33647**

7. Name and Address of New Registered Agent

Name **PETER F. TAYLOR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7513 YARDLEY WAY**  
 City **TAMPA** FL Zip Code **33647**

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 

(NOTE: Registered Agent signature required when reinstating)

DATE **9/5/01**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
 NAME **TAYLOR, PETER F**  
 STREET ADDRESS **7513 YARDLEY WAY**  
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE **ST** ☐ Delete  
 NAME **TAYLOR, ANDREA J**  
 STREET ADDRESS **7515 YARDLEY WAY**  
 CITY-ST-ZIP **TAMPA FL 33647**

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

12. 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  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9/5/01 813 615-1414**

CR2E034 (5/01)