

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000041155

1. Entity Name
MEDICAL ASSISTED SERVICES, INC.

FILED
Aug 09, 2001 8:00 am
Secretary of State

08-09-2001 90045 006 ***550.00

0120438 AT

Principal Place of Business
407 N. PARSONS AVE
SUITE 102A
BRANDON FL 33510-4537

Mailing Address
PO BOX 778
SEFFNER FL 33583
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1313 So. Parsons Ave
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Seffner, FL
Zip
33584
Country
Hills.

City & State
Zip
Country

4. FEI Number 65-0415279
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STEPHENSON, KLEBER H II
110 SHERYL LYNN DR.
BRANDON FL 33510

7. Name and Address of New Registered Agent

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 *Kleber H. Stephenson II*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-6-01
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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHENSON, KLEBER H II 110 SHERYL LYNN DR. BRANDON FL 33510	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEPHENSON, BARBARA 110 SHERYL LYNN DR. BRANDON FL 33510	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AMD LUCAS, CHERYL 1204 VICTORIA ST. BRANDON FL 33510	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Barbara Stephenson* **REQUIRED** *Vice President* 8-6-01 813-654-8419
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (5/01)