

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000041155

1. Entity Name
MEDICAL ASSISTED SERVICES, INC.

Principal Place of Business
1313 S PARSONS AVENUE
SEFFNER, FL 33584

Mailing Address
PO BOX 778
SEFFNER, FL 33583 US



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0415279

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

DO NOT WRITE
IN THIS SPACE

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

Kleber H Stephenson II
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

4-28-04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STEPHENSON, KLEBER H II
STREET ADDRESS 110 SHERYL LYNN DR.
CITY-ST-ZIP BRANDON, FL 33510

TITLE VD
NAME STEPHENSON, BARBARA
STREET ADDRESS 110 SHERYL LYNN DR.
CITY-ST-ZIP BRANDON, FL 33510

TITLE AMD
NAME LUCAS, CHERYL
STREET ADDRESS 1204 VICTORIA ST
CITY-ST-ZIP BRANDON, FL 33510

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/04/04-80137-019 150.00

DO NOT WRITE
IN THIS SPACE

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:

Kleber H Stephenson II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04 813-654-8499
Date Daytime Phone #