

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90110 017 ***150.00

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DOCUMENT # P93000052855

1. Entity Name
MEDSTAR, INC.



Principal Place of Business
**10704 AVENIDA SANTA ANA
BOCA RATON FL 33498
US**

Mailing Address
**10704 AVENIDA SANTA ANA
BOCA RATON FL 33498
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0430542**

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

**DEUTSCH, STEVEN
7805 SW 6TH COURT
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DEUTSCH, STEVEN W
10704 AVENIDA SANTA ANA
BOCA RATON FL 33498** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 13 2003 **470-8669**
Date Daytime Phone #

CR2E034 (10/02)

Attachment

90134911

993000052855

MedStar, Inc.
10704 Avenida Santa Ana
Boca Raton, Florida 33498
(561) 470-8689

May 13, 2003

Via Federal Express

Division of Corporations
Secretary of State of Florida
Uniform Business Report Filings
409 East Gaines Street
Tallahassee, FL 32399


To Whom This May Concern:

I have enclosed our Annual Report and fee.

Kindly note that the remittance check was dated timely. Unfortunately, I was out of town and the individual with whom I left this material did not mail in a timely manner. I will be happy to supply supporting affidavits should you require.

I thank you for all consideration.

Yours very truly,



Steven W. Deutsch
President

SWD/lv