

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 08:00 AM
Secretary of State

DOCUMENT # P93000073175

1. Entity Name
MEDIC. OS CORPORATION

Principal Place of Business
877 EXECUTIVE CENTER DR W
SUITE 303
ST PETERSBURG FL 33702

Mailing Address
877 EXECUTIVE CENTER DR W
SUITE 303
ST PETERSBURG FL 33702

2. Principal Place of Business
475 CENTRAL AVENUE

3. Mailing Address
475 CENTRAL AVENUE

Suite, Apt. #, etc.
SUITE M-8

Suite, Apt. #, etc.
SUITE M-8

City & State
ST PETERSBURG FL

City & State
ST PETERSBURG FL

Zip
33701

Country
US

Zip
33701

Country
US

4. FEI Number
59-3206725

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

MASCARA ERNEST L
877 EXECUTIVE CENTER DR W
SUITE 303
ST PETERSBURG FL 33702

7. Name and Address of New Registered Agent

Name
MASCARA ERNEST L

Street Address (P.O. Box Number is Not Acceptable)
475 CENTRAL AVENUE

SUITE M-8

City
ST PETERSBURG FL

Zip Code
33701

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 ERNEST L. MASCARA

04/20/2001

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	DTS
STREET ADDRESS	DURRETT SHARON J
CITY-ST-ZIP	8600 15TH LANE NORTH ST PETERSBURG FL 33702
TITLE	<input type="checkbox"/> Delete
NAME	DVP
STREET ADDRESS	DURRETT SCOTT P
CITY-ST-ZIP	8600 15TH LANE NORTH ST PETERSBURG FL 33702
TITLE	<input type="checkbox"/> Delete
NAME	DP
STREET ADDRESS	DURRETT STEPHEN M
CITY-ST-ZIP	8600 15TH LANE NORTH ST PETERSBURG FL 33702
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DURRETT LEO	
STREET ADDRESS	8600 15TH LANE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: LEO DURRETT

VP

04/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)