

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90298 047 ***158.75

DOCUMENT # P94000007261

1. Corporation Name

UNITED STATES MEDICAL FINANCE CORPORATION



Principal Place of Business

1538 METROPOLITAN BLVD
SUITE A-1
TALLAHASSEE FL 32308
US

Mailing Address

1538 METROPOLITAN BLVD
SUITE A-1
TALLAHASSEE FL 32308
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1994

4. FEI Number

59-3255372

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 3520 Thomasville Road

26 3520 Thomasville Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 5th Floor

27 5th Floor

City & State

City & State

23 Tallahassee FL

28 Tallahassee, FL

Zip

Country

24 32308-3435 25 Leon

Zip

Country

29 32308-3435 30 Leon

9. Name and Address of Current Registered Agent

LANDERS JR., JOSEPH W.
1538 METROPOLITAN BLVD. A-1
SUITE A-1
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3520 Thomasville Road

83

5th Floor

84

Tallahassee

FL

85 Zip Code

32308-3435

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Joseph W. Landers Jr.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D LANDERS, JOSEPH W JR**
STREET ADDRESS **1538 METROPOLITAN BLVD, SUITE A-1**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**3520 Thomasville Rd, 5th Floor
Tallahassee, FL 32308-3435**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph W. Landers Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850-894-8720
Daytime Phone #

CR2E034 (1/98)