## 2000 UNIFORM BUSINESS REPORT (UBR)

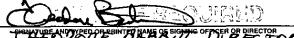
## **FILED** DOCUMENT # **P9400030596** Apr 07, 2000 8:00 am Secretary of State MEDICAL FORMS FOR LAWYERS, INC. 04-07-2000 90050 007 \*\*\*150.00 Principal Place of Business Mailing Address 1801 AUSTRALIAN AVE S 1801 AUSTRALIAN AVE S SUITE 200 SUITE 200 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409-6409 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0492251 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BABBITT, THEODORE Street Address (P.O. Box Number is Not Acceptable) 1801 AUSTRALIAN AVE S SUITE 200 WEST PALM BEACH FL 33409 Zip Code FL 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 (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition ☐ Delete TITLE TITLE BABBITT, THEODORE NAME NAME 1801 AUSTRALIAN AVE S SUITE 200 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33409 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE BABBITT, PHILLIP NAME NAME STREET ADDRESS 3412 COVE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TEQUESTA FL 33459** ☐ Change ■ Addition ☐ Delete TITLE TITLE MARLEEN J PERKALL NAME NAME 1801 AUSTRALIAN AVE, SOUTH, SUITE 200 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



4-4.00

561-684-2500

Daytime Phone #

OFZE034 18