

2002 UNIFORM BUSINESS REPORT (UBR)

3/27

FILED
Apr 23, 2002 8:00 am
Secretary of State

03-27-2002 90037 043 ***150.00

DOCUMENT # P94000047419

1. Entity Name

MEDI SOUTH, INC.

Principal Place of Business

29 AVENUE OF THE FLOWERS
#120
LONGBOAT KEY FL 34228
US

Mailing Address

P.O. BOX 10508
LONGBOAT KEY FL 34228-7508
US

2. Principal Place of Business

435 L'AMORANCE DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PHM

City & State

LONGBOAT KEY FL

City & State

Zip

Zip

34228

Country

FLORIDA

Country

4. FEI Number

65-0503468

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

MARTELL, EDWARD A.

29 AVENUE OF THE FLOWERS

LONGBOAT KEY FL 34228-7508

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.

SIGNATURE

Edward A. Martell

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

(NOTE: Registered Agent signature required when reinstating)

3-3-02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MARTELL, EDWARD A., SR.**
STREET ADDRESS **PO BOX 10508 N/A**
CITY-ST-ZIP **LONGBOAT KEY FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Edward A. Martell President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-02

Date

941-387-0137

Daytime Phone #

Edward A. Martell - President

4-8-02

CR2E034 (9/01)