

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000072845

FILED
Jan 20, 2002 8:00 AM
Secretary of State

Entity Name: MEDICAL LEGAL CONSULTS, INC.

Current Principal Place of Business:

661 W. LACE DR
NAPLES, FL 34102

New Principal Place of Business:

661 W. LAKE DR
NAPLES, FL 34102

Current Mailing Address:

4032 EAGLE WING RD
SPRINGFIELD, IL 62707

New Mailing Address:

FEI Number: 65-0525375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, E H
6069 HOLLOW DR
NAPLES, FL 34112

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZANDER, JOHN
Address: 4032 EAGLE WING
City-St-Zip: SPRINGFIELD, IL 62703 US

Title: S () Delete
Name: ZANDER, JOANN
Address: 4032 EAGLE WING
City-St-Zip: SPRINGFIELD, IL 62703 US

Title: VP () Delete
Name: HILL, BETH
Address: 661 W. LACE DR
City-St-Zip: NAPLES, FL 33962 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN ZANDER

P

01/20/2002

Electronic Signature of Signing Officer or Director

Date