

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90071 035 ***150.00

DOCUMENT # P94000076486

1. Entity Name
MED-CHARGE SERVICES, INC.

Principal Place of Business

~~6100 GLADES ROAD~~
~~#307C~~
~~BOCA RATON FL 33431~~

Mailing Address

4800 N FEDERAL HWY
SUITE 307-B
BOCA RATON FL 33431
US

2. Principal Place of Business

21301 Powerline Road

3. Mailing Address

Suite, Apt. #, etc.

Suite 307C

City & State

Boca Raton, FL

City & State

4. FEI Number **65-0538320**

Applied For
 Not Applicable

Zip
33434

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CAP SERVICE CORPORATION
4800 NO. FEDERAL HIGHWAY STE. 307-B
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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

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, 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

TITLE **PSD** ☐ Delete
 NAME **TUCKER, PATRICE S**
 STREET ADDRESS ~~6100 GLADES RD #307C~~
 CITY-ST-ZIP ~~BOCA RATON FL 33431~~

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **21301 Powerline Road, #307C**
 CITY-ST-ZIP **Boca Raton, FL 33434**

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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:

Patricia Tucker
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/02 **561-239-5745**

CR2E034 (9/01)