

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

10/2

DOCUMENT # P94000090017.

1. Entity Name

MED PRO SERVICES INC.



FILED

04 NOV -5 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04



MOORE CR2E034 (11/03)

Principal Place of Business
851 W. HWY 436
1061
ALTAMONTE SPRINGS FL 32714

Mailing Address
P.O. BOX 160516
ALTAMONTE SPRINGS FL 32716-0516
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-3294903
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COLUMBRO, ROSA
1698 MARKHAM GLEN CIR
LONGWOOD FL 32779

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	COLUMBRO, ROSA	
STREET ADDRESS	PO BOX 160516 ((N//A))	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32716-0516	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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10/22/04--01040--017 **150.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rosa Cumbro 4-21-04 407-333-2004

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/01/04

To Florida Dept. of State
Re: Waiver of Reinstatement Fee
For Med Pro Services, Inc. Document # P94000090017

Received your letter dated 10/26/04, I am asking for a waiver in the fee as I did not receive the annual report notification in a timely manner as I had moved my small office into my home. Also I was hospitalized with major surgery and a 3-month recovery period. I would appreciate the removal of any fees. Please respond to this request.

Thank You
Rosa Columbro Thompson