## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Aug 10, 1999 8:00 am Secretary of State 08-10-1999 90007 001 \*\*\*300.00

DOCUMENT #	D05		0004	
<b>DOCUMENT #</b>	PSE	A ICICIE	228	13

1. Corporation Name

M & E FINANCIAL SERVICES, INC.

				/					
Principal Place	e of Business	Mailing Address				( )88()88( //8 (8)8) 8() // 88()			
511 SANDY HO TREASURE ISLA		P. O. BOX 3848 SEMINOLE FL 34645				DO NOT WR	ITE IN THIS	SPACE	
US	•				H	3. Date Incorporated or Qualifed		017102	
					1	03/21/1995			ļ
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21 2023		26 P.O. Box	2212			59-3313992		No	t Applicable
Suite, Apt.		Suite, Apt. #, etc.	NNIUZ					\$8.75 A	Additional
22	· ·	27				5. Certificate of Status Desired		Fee Re	quired
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23 Taipa	n Springs Horida	28 Tarpon Sorie	iss F			Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Country	/	- 1	8. This corporation owes the cur	rent year int		
24 3468	9 25 USA	29 34688	رکب   30	4.		Personal Property Tax.		☐Yes	□No
	9. Name and Address of Current	Registered Agent	0.4	1		10. Name and Address of New	Registered	Agent	
LEN	COSKI, BECKY L		81	Name					
	9 76TH TERRACE NORTH		82	Street	Address	(P.O. Box Number is Not Accep	table)	<u> </u>	
	INOLE FL 34646		83		<del></del>				
OLIM.	MOLE I E STOTE		65	`[					
:	*	-	84	City			FL	85 Zip (	Code
office or a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was a	iuthorized by	the corp	corpora oration's	ition submits this statement for the s board of directors. I hereby acce	purpose of pt the appoi	changing its ntment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered egent a		: Registered Age		required w	nen reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO O	FFICERS AN	ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	EHLEN, MICHAEL A		1.2 NAME			Δ' - M.	0		
STREET ADDRESS	511 SANDY HOOK RD		1.3 STREE	T ADDRESS	200	13 N. Holate Mexi	s Nr.		
CITY-S7-ZIP	TREASURE ISLAND FL 33706		1.4 CITY-	ST-ZIP	Ta	13 N. Pointe Alexa	<u> </u>		
TITLE		☐ DELETE	2.1 TITLE					Change	☐ Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREE	TADORESS		4			Į
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	<u> </u>			<u> </u>	
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NAME			3.2 NAME			ř			
STREET ADDRESS			3.3 STREE	TADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	<b></b>				- Addition
TITLE		☐ DELETE	4.1 TITLE					Change	Addition
NAME	·		4. 2 NAME						
STREET ADDRESS	, .			TADDRESS					ŀ
CITY-ST-ZIP		——————————————————————————————————————	4.4 CITY-	T-ZIP	<del>                                     </del>			Change	☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME						L ADGROSS
NAME				-T 4 DDDD-000					
STREET ADDRESS			5.3 STREE	TADDRESS					
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		-			☐ Change	Addition
! TITLE	ı								

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

430 6354

218250000CM S18250000CP9

## M & E FINANCIAL SERVICES, INC. PHYSICIAN BUSINESS AND SUPPORT SERVICES, INC. P.O. Box 2212, Tarpon Springs, Florida 34688 2023 N. Pointe Alexis Drive, Tarpon Springs, Florida 34689 Phone: (727) 430-6354 email: pbss@medicalecon.com

July 29, 1999

Annual Reports Filings
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Annual Reports Filing Officer,

Enclosed are the following for your review:

- 1999 Profit Corporation Annual Report for Physician Business and Support Services, Inc.
- 1999 Profit Corporation Annual Report for M & E Financial Services, Inc.
- Check for \$300 (\$150 for each company filing)

Also, I have also enclosed copies of where my 1<sup>st</sup> Notice 1999 annual reports These packets were inadvertently forwarded my wife's personal residence in Ohio by the Post Office. I want to apologize for the mix-up as I only realized that I was late when I received the 2<sup>nd</sup> notice packet.

Please consider waiving the penalty due to this unforeseen circumstance. As a small business person, the additional \$800 in fees will be a hardship for me. Thank you for your attention to this matter.

Sincerely,

Michael A. Ehlen Executive Director