

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000028024

1. Entity Name  
MIDSTATE MEDICAL INC.

Principal Place of Business  
218-150TH AVENUE  
ST PETERSBURG FL 33708  
US

Mailing Address  
218-150TH AVENUE  
ST PETERSBURG FL 33708  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

## 6. Name and Address of Current Registered Agent

JONES, ROBERT J ESQUI  
6500 CENTRAL AVENUE  
ST PETERSBURG FL 33707

## 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

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 PD  
NAME VELTEN, RONALD J  
STREET ADDRESS 218-150TH AVENUE  
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE VD  
NAME VELTEN, RON  
STREET ADDRESS 572 LILLIAN DRIVE  
CITY-ST-ZIP MADEIRA BEACH FL 33708 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: Ronald J. Velten 1/4/02 (727) 398-0775  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Jan 07, 2002 8:00 am  
Secretary of State

01-07-2002 90001 032 \*\*\*150.00

800000019



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3304741 Applied For Not Applicable

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

0446721 AV

CR2E034 (9/01)