FILED Feb 17, 2003 8:00 am Secretary of State

CR2E034 (10/02)

02-17-2003 90276 009 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P95000056904

PROFESSIONAL MEDICAL-LEGAL SERVICES, INC



				CO WE INS	′			
	ce of Business	Mailing Addr			<u> </u>			
221 QUAYSII MAITLAND F	· · · · · · · · · · · · · · · · · · ·	PO BOX 948	1218		·			
US US	L 32/31	#1						
00		MATILAND F US	L 32794-8218			AJH Jani Baran ahiji		
2. Principal I	Place of Business	3. Mailing Ad	drage					
		3. Maning Ad	uiess))((00 ()) 00 (8) 0 (()0		II MD161 4184 1881
Suite, Apt. #, etc. Suite, Ap			Apt. #, etc.			IE MAKINO OI	1441054	
City & State		Cit. 8 Ct-1			CHECK HERE IF MAKING CHANGES			
		City & State	City & State		4. FEI Number 59-3332816) 		pplied For
Zip	Country	Zip	Co	untry . 😅 🗝 –	5. Certificate of Status Desired	<u>\$8</u>	.75 Ad	lot Applicabl
	6. Name and Address of Curr	ant Bogistored Asse	<u>. </u>		<u>_, </u>	Fee	Require	
_:	o. Name and Address of Carr	ent Registered Ager	it	Name	7. Name and Address of New F	egistered Age	nt	
MCCORM	IICK, LORETTA L			L.	•			
	PERARY CT			Street Address	(P.O. Box Number is Not Acceptable	:)		
) FL 32812			 				
	 							
				City	''		Zip Cod	
8. The above	named entity submits this statemer	it for the purpose of c	hanging its registe	ered office or registe	ered agent, or both, in the State of Flo	rida. Lam famil	iar with	and accept
the opingat	ions of registered agent.	//		_		TIOU. TUTTION	ica wiai,	and accept
SIGNATURE .	John the Mr.	Unnick				1.31	12	
	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registe	red Agent signature require	ed when reinstating)	DATE		
	LE NOW!!! FEE IS \$150.00							
After	May 1, 2003 Fee will be \$550.0	00			9. Election Campaign Fin			0 May Be
	Payable to Florida Department				Trust Fund Contribution	n. 🗌	Added	to Fees
10.	OFFICERS AN	ND DIRECTORS	11		ADDITIONS/CHANGES TO OFFI	CERS AND DIR	ECTOR	S IN 11
ritle Name	BERLANDO, PAMELA		Delete TITI				Change	☐ Addition
STREET ADDRESS	221 QUAYSIDE CIR		NAI					
CITY-ST-ZIP	MAITLAND FL 32751			reet address Y-ST-Zip				
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ME		_,	NAMI			(hange	☐ Addition
REET ADDRESS			STRE	ET ADDRESS				ļ
Y-ST-ZIP				·ST-ZIP				
 of the corpo 	rtify that the information supplied win this report or supplemental report oration or the receiver or trustee emp or on an attachment with an address	covered to avec 4- 4	and the trial	mption stated in Se ure shall have the s ed by Chapter 607	ction 119.07(3)(I), Florida Statutes. I fi came legal effect as if made under oa , Florida Statutes; and that my name a	urther certify thath; that I am an appears in Bloci	t the inf officer o k 10 or E	ormation or director Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR