

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90425 019 ***150.00

DOCUMENT # **P96000001457**

1. Entity Name

MED NET MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

502 S. FREMONT AVE. 502 S. FREMONT AVE

Suite, Apt. #, etc.

#325

3. Mailing Address

Suite, Apt. #, etc. **#325**

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33606

Country

USA

Zip

33606

Country

USA

4. FEI Number

59-3360407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MCCOSKIE, JOHN A

Street Address (P.O. Box Number is Not Acceptable)

6449 38TH AVEN. #E3

City

ST. PETERSBURG, FL

Zip Code

33710

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
LITTLEWOOD, MARK B
502 S. FREMONT AVE #325
TAMPA, FL 33606**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK B. LITTLEWOOD 4-12-02

Date

Daytime Phone #

CR2E034B (12/01)