

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90024 033 \*\*\*150.00

**DOCUMENT # P96000081768**

1. Entity Name

**MEDICAL ADVISORY SERVICES, INC.**

Principal Place of Business

2435 HOLLYWOOD BLVD  
 SUITE 204  
 HOLLYWOOD FL 33020  
 US

Mailing Address

2435 HOLLYWOOD BLVD  
 SUITE 204  
 HOLLYWOOD FL 33020-6635  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2514 Hollywood Blvd

Suite, Apt. #, etc.

Suite 508

City & State

Hollywood, FL

Zip

33020

Country

Broward

3. Mailing Address

2514 Hollywood Blvd.

Suite, Apt. #, etc.

Suite 508

City & State

Hollywood, FL

Zip

33020

Country

Broward

4. FEI Number

65-0698757

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JEWETT, CHARLES E**  
 2435 HOLLYWOOD BLVD  
 SUITE 204  
 HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name **Jewett, Charles**

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

2514 Hollywood Blvd.

Suite 508

City **Hollywood**

FL

Zip Code **33020**

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 **1/16/00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	EDWARD JEWETT	2435 HOLLYWOOD BLVD #204	HOLLYWOOD FL 33020	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Edward Jewett	2514 Hollywood Blvd #508	Hollywood, FL 33020	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 files empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

DATE **1/16/00**

Daytime Phone # **954 922 5885**

CR2E034 (9/99)