

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90032 022 \*\*\*150.00

DOCUMENT # **P96000081768**

1. Entity Name  
**MEDICAL ADVISORY SERVICES, INC.**



Principal Place of Business  
**2514 HOLLYWOOD BLVD  
SUITE 508  
HOLLYWOOD FL 33020  
US**

Mailing Address  
**2514 HOLLYWOOD BLVD  
SUITE 508  
HOLLYWOOD FL 33020  
US**



2. Principal Place of Business

**2514 Hollywood Blvd**

Suite, Apt. #, etc.

**Suite 508**

City & State  
**Hollywood, FL 33020**

Zip Country

3. Mailing Address

**2514 Hollywood Blvd**

Suite, Apt. #, etc.

**Suite 508**

City & State  
**Hollywood, FL 33020**

Zip Country

CHECK HERE IF MAKING CHANGES

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  
2514 HOLLYWOOD BLVD  
SUITE 508  
HOLLYWOOD FL 33020**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**  Delete  
NAME **EDWARD JEWETT**  
STREET ADDRESS **2514 HOLLYWOOD BLVD., #508**  
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **VDS**  Delete  
NAME **JEWETT, CHARLES**  
STREET ADDRESS **2514 HOLLYWOOD BLVD., #508**  
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVPS**  Change  Addition  
NAME **Kristina Hernandez**  
STREET ADDRESS **2514 Hollywood Blvd 508**  
CITY-ST-ZIP **Hollywood, FL 33020**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

Date **1-30-03** Daytime Phone # **305-206-0988**

CR2E034 (10/02)