

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

Signature, typed or printed name of registered agent and title if applicable.

(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
NAME EDWARD JEWETT
STREET ADDRESS 2514 HOLLYWOOD BLVD., #508
CITY-ST-ZIP HOLLYWOOD FL 33020 ☒ Delete

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

Daytime Phone #

1-30-03 305-206-0988

CR2E034 (10/02)