

H99000003116

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000084825

1. Corporation Name

Medical Analysts Inc.

Principal Place of Business

Mailing Address

REINSTATEMENT 97-99

SCC 2-9-99

3. Date Incorporated or Qualified 10/14/96 3a. Date of Last Report

4. FBI Number 65-0699470 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 2400 East Las Olas Boulevard, Suite 170

26 2400 East Las Olas Boulevard, Suite 170

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Fort Lauderdale FL

28 Fort Lauderdale FL

Zip County

Zip County

24 33301 25

29 33301 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Corporate Creations Enterprises Inc.
4521 POA Boulevard #211
Palm Beach Gardens, FL 33418

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.1308, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0303, Florida Statutes.

SIGNATURE

Corporate Creations Enterprises Inc.

Greg Kucuda, Vice President

2/8/99

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P. S. T. D
NAME Alysan D. Childs
STREET ADDRESS 2400 East Las Olas Boulevard, Suite
CITY-ST-ZIP 170 Fort Lauderdale FL 33301 ☐ DELETE1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13, or on attachment with an address.

SIGNATURE: Greg Kucuda, Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99

Business Phone #

H99000003116

P. 02

305 6729110

FEB-08-99 04:57 PM MIAMI OFFICE

2

Florida Department of State
Division of Corporations
Public Access System
 Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H99000003116 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)922-4004

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
 Account Number : 110432003053
 Phone : (305)672-0686
 Fax Number : (305)672-9110

CORPORATION REINSTATEMENT

MEDICAL ANALYSTS INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,050.00

Electronic Filing Menu

Corporate Filing

Public Access Help