

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91392 048 ***150.00

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1. Entity Name
MEDICAL EVALUATION CENTERS, INC.



Principal Place of Business
2802 W WATERS AVE
TAMPA FL 33614
US

Mailing Address
2802 W WATERS AVE
TAMPA FL 33614
US



2. Principal Place of Business

3801 Corporex Park Drive

Suite, Apt. #, etc.

Suite 110 A

City & State

Tampa, FL

Zip

33619

Country

USA

3. Mailing Address

3801 Corporex Park Drive

Suite, Apt. #, etc.

Suite 110 A

City & State

Tampa, FL

Zip

33619

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3408556**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TITUS, KEITH
13006 PRESTWICK DRIVE
RIVERVIEW FL 33569

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 **DPT** ☐ Delete
NAME **TITUS, KEITH**
STREET ADDRESS **13006 PRESTWICK DRIVE**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **DVS** ☐ Delete
NAME **WUBBENA, TROY**
STREET ADDRESS **2965 MAPLE TRACE DR**
CITY-ST-ZIP **TARPON SPRINGS FL 34689-2644**

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Keith Titus, President

04/25/03

(813) 931-3311

Date

Daytime Phone *

CR2E034 (10/02)