

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008152

1. Entity Name

MEDIC SERVICES, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90156 008 ***150.00

Principal Place of Business

2216 CYPRESS BEND DRIVE
SUITE 404
POMPANO BEACH FL 33069

Mailing Address

2216 CYPRESS BEND DRIVE
SUITE 404
POMPANO BEACH FL 33069-4425

2. Principal Place of Business

2206 Cypress Bend Drive

Suite, Apt. #, etc.

#402

3. Mailing Address

2206 Cypress Bend Drive

Suite, Apt. #, etc.

#402

City & State
Pompano Beach, Florida

Zip
33069

Country
USA

City & State
Pompano Beach, Florida

Zip
33069

Country
USA

4. FEI Number

65-0732674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLSON, JENNIFER M
2216 CYPRESS BEND DRIVE
SUITE 404
POMPANO BEACH FL 33069

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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
D
COLSON, DEAN
2216 CYPRESS BEND DRIVE, #404
POMPANO BEACH FL 33069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DEAN COLSON
2206 Cypress Bend Drive #402
POMPANO BEACH, FL 33069 ☒ Change ☐ Addition

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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

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 life empowered.

SIGNATURE:

Dean Colson DEAN COLSON

3-30-00

954978-3451

Date

Daytime Phone #

CR2E034 (9/99)