

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000043044

1. Entity Name

MID-SOUTH MEDICAL, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90018 017 ***150.00

Principal Place of Business

1815 SHADY COVE DR BV
HOLIDAY FL 34691

Mailing Address

1815 SHADY COVE DR BV
HOLIDAY FL 34691-5354

2. Principal Place of Business

4044 NEWPORT DRIVE

Suite, Apt. #, etc.

SUITE 222

City & State

NEW PORT RICHEY, FLORIDA

Zip

34652

Country

USA

3. Mailing Address

4044 NEWPORT DRIVE

Suite, Apt. #, etc.

SUITE 222

City & State

NEW PORT RICHEY, FLORIDA

Zip

34652

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3447152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

DPST
WERTH, BARBARA J
1815 SHADY COVE DR BV
HOLIDAY FL 34691

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ 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 like empowered.

SIGNATURE:

Barbara J. Werth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-2000

Date

727 842-2387

Daytime Phone #

CR2E034 (9/99)