

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

0354890 AV

DOCUMENT # P97000052098

1. Entity Name
MEDICAL DEVELOPMENT SYSTEMS, INC.

02-20-2002 90148 024 ***150.00

Principal Place of Business
**14263 U.S. HIGHWAY ONE
 JUNO BEACH FL 33408**

Mailing Address
**14263 U.S. HIGHWAY ONE
 JUNO BEACH FL 33408**



2. Principal Place of Business **14255 U.S. HIGHWAY ONE** 3. Mailing Address **14255 U.S. HIGHWAY ONE**

Suite, Apt. #, etc.
SUITE 2170

Suite, Apt. #, etc.
SUITE 2170

DO NOT WRITE IN THIS SPACE

City & State
JUNO BEACH, FL

City & State
JUNO BEACH, FL

4. FEI Number **65-0761967**

Applied For
 Not Applicable

Zip **33408** Country **U.S.A.**

Zip **33408** Country **U.S.A.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHAFFER, ROGER L
 2201 CORPORATE N.W., STE 105
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name **ANTHONY NORMENT**
 Street Address (P.O. Box Number is Not Acceptable)
1907 MAINSAIL CIR
 City **JUPITER** FL Zip Code **33477**

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 **ANTHONY NORMENT** *[Signature]* **CHIEF FINANCIAL OFFICER** **01/08/02**
 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, 2002 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 **D** ☒ Delete
 NAME **SCROGGINS, H. STACY**
 STREET ADDRESS **18784 SE JUPITER RIVER DR.**
 CITY-ST-ZIP **JUPITER FL 33403**

TITLE **D** ☐ Delete
 NAME **NORMENT, ANTHONY**
 STREET ADDRESS **1907 MAINSAIL CIRCLE**
 CITY-ST-ZIP **JUPITER FL 33477**

TITLE **D** ☒ Delete
 NAME **SCROGGINS, DONNA**
 STREET ADDRESS **18784 S.E. JUPITER RIVER**
 CITY-ST-ZIP **JUPITER FL 33403**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **CHRISTINE JONETHIS**
 STREET ADDRESS **1231 SINGER DRIVE**
 CITY-ST-ZIP **SINGER ISLAND, FL 33404**

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

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

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/02 **561-630-9022**
 Date Daytime Phone #

CR2E034 (9/01)