

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90064 038 \*\*\*150.00

**DOCUMENT # P97000059029**

1. Entity Name  
**FLORIDA MEDICAL LEGAL CONSULTANTS, INC.**

Principal Place of Business Mailing Address  
**P O BOX 7089 SEMINOLE FL 33775-7089**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3451722</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>GOWER, JOAN M</b> <b>11780 93 AVE N</b> <b>SEMINOLE FL 33772</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOWER, JOAN M</b>		NAME	<b>GOWER, JOAN M.</b>	
STREET ADDRESS	<b>114850 93 AVENUE NORTH</b>		STREET ADDRESS	<b>11780 93 AVENUE NORTH</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 33772</b>		CITY-ST-ZIP	<b>SEMINOLE FL 33772</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** Joan M. Gower **JOAN M. GOWER** 4/25/02 727-392-3569  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)