

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083506

Entity Name

MEDFIRST PLANS, INC.

APPROVED  
AND  
FILED

00 FEB -8 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
P.O. BOX 536576  
ORLANDO FL 32853-6576

Mailing Address  
P.O. BOX 536576  
ORLANDO FL 32853-6576

2. Principal Place of Business  
4506 L.B. McLeod Road

3. Mailing Address

Suite, Apt. #, etc.  
Suite F

Suite, Apt. #, etc.

City & State  
Orlando, FL

City & State

4. FEI Number 72-1270543

Applied For  
 Not Applicable

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

Zip 32811 Country USA Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMSER, THOMAS A JR.  
4506 L.B. MCLEOD ROAD  
SUITE F  
ORLANDO FL 32811

Name Corporation Service Company  
Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street  
City Tallahassee FL Zip Code 32301

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 Laura R. Duniap 2/8/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GRIGGS, STEPHEN P	<input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4506 L.B. MCLEOD ROAD, SUITE F		STREET ADDRESS:	
CITY-ST-ZIP: ORLANDO FL 32811		CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KENNEDY, WILLIAM P	<input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4506 L.B. MCLEOD ROAD, SUITE F		STREET ADDRESS:	
CITY-ST-ZIP: ORLANDO FL 32811		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
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NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

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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: January 27, 2000 407-841-2115  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)