## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

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## May 20, 2002 8:00 am Secretary of State DOCUMENT # P97000092701 1. Entity Name 05-20-2002 90124 005 \*\*\*150.00 COMBINED MEDICAL SERVICES GROUP, INC. Principal Place of Business Mailing Address 6157 LINNEAL BEACH DR. 6157 LINNEAL BEACH DR. APOPKA FL 32703 APOPKA FL 32703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3477218 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired \_\_\_\_ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, STEVEN J Street Address (P.O. Box Number is Not Acceptable) 6157 LINNEAL BEACH DR. APOPKA FL 32703 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SMITH, STEVEN J NAME STREET ADDRESS 6157 LINNEAL BEACH DR STREET ADDRESS CR2E034 CITY-ST-ZIP APOPKA FL 32703 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ಎಂದು ಮಾದುಗಳ ಪ್ರತಿ ಮುಂದುಗಳು ಎಂದು ಪ್ರತಿಗಳು ಪ್ರವಿಗಳು ಪ್ರವಿಗಳಿಗಳು ಪ್ರವಿಗಳು ಪ್ರವಿಗಳು ಪ್ರತಿಗಳಿಗೆ ಪ್ರತಿಗಳಿಗೆ ಪ್ರತಿಗಳಿಗೆ ಪ್ರತಿಗಳಿಗೆ ಪ್ರತಿಗಳಿಗೆ ಪಟ್ಟ ಪ್ರತಿಗಳಿಗೆ ಪ್ರತಿಗಳಿಗೆ ಪ್ರವಿಗಳಿಗೆ ಪ್ರವಿಗಳಿಗೆ ಪ್ರವಿಗಳಿಗೆ ಪ್ರತಿಗಳಿಗೆ ಪ್ರವಿಗಳಿಗೆ ಪ್ರವಿಗಳಿಗೆ ಪ್ರವಿಗಳಿಗೆ ಪ್ರತಿಗಳ ಪ್ರವಿಗಳಿಗೆ ಪ್ರತಿಗಳಿಗೆ ಪ್ರವಿಗಳಿಗೆ ಪ್ರವಿಗಳಿಗೆ ಪ್ರತಿಗಳಿಗೆ ಪ್ರತಿಗಳಿಗೆ ಪ್ರತಿಗಳಿಗೆ ಪ್ರವಿಗಳಿಗೆ ಪ್ರತಿಗಳಿಗೆ ಪ್ರತಿಗಳಿಗೆ ಪ್ರತಿಗಳಿಗೆ ಪ್ರತಿಗಳಿಗೆ ಪ್ರತಿಗಳಿಗೆ ಪ್ರತಿಗಳಿಗೆ ಪ್ರತಿಗಳಿಗೆ ಪ್ರತಿಗಳಿಗೆ ಪ್ರವಿಗಳಿಗೆ ಪ್ರವಿಗೆ ಪ್ರವಿಗೆ ಪಿಗೆ ಪ್ರತಿಗಳಿಗೆ ಪ್ರತಿಗೆ ಪ್ರತಿಗಳಿಗೆ ಪ್ರತಿಗಳಿಗೆ ಪ್ರವಿಗಳಿಗ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS 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 of the corporation or the receiver or trustee empowered to execute changed, or on an attachment with an address, with all other like

**FILED**