

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038151

1. Entity Name

MED-SAM, INC.

FILED

Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90031 040 ***150.00

Principal Place of Business

Mailing Address

4771 LAKESHORE LOOP
OLDSMAR FL 34677

4771 LAKESHORE LOOP
OLDSMAR FL 33656-2811

2. Principal Place of Business

3. Mailing Address

Med-Sam Inc.

Med-Sam Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

13964 W. Hillsborough

13964 W. Hillsborough AV.

City & State

City & State

Tampa FL

Tampa FL

Zip

Country

Zip

Country

33635 USA

33635 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARHADI, MEHDI
4771 LAKESHORE LOOP
OLDSMAR FL 34677

Name

Farhadi Mehdi

Street Address (P.O. Box Number is Not Acceptable)

13964 W. Hillsborough AV.

City

Tampa

FL

Zip Code

33635

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

Mehdi Farhadi, President 1/31/2000

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

TITLE
NAME D FARHADI, MEHDI
STREET ADDRESS 4771 LAKESHORE LOOP
CITY-ST-ZIP OLDSMAR FL 34677

TITLE
NAME President & Secretary
STREET ADDRESS Farhadi Mehdi
CITY-ST-ZIP 13964 W. Hillsborough AV.
Tampa FL 33635

TITLE
NAME D CERULLO, SALVATORE
STREET ADDRESS 4771 LAKESHORE LOOP
CITY-ST-ZIP OLDSMAR FL 34677

TITLE
NAME Vice-President & Treasurer
STREET ADDRESS Cerullo, Salvatore
CITY-ST-ZIP 13964 W. Hillsborough AV.
Tampa FL 33635

TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2000 (813) 818-7717

Date

Daytime Phone #

CR2E034 (9/99)