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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000048061

1. Corporation Name

MEDICAL SERVICES HOLDINGS INC

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90170 037 ***150.00

IVIEDIOA	E SERVICES HOLDINGS, III			1 (100)(100) 110 (1110) (1111) (1111) AC((1 1111) (1111)	ALBON IDIAN BANKA ANTAL TION IDDA
	•				
Principal Plac	ce of Business	Mailing Address			2(38) 12(1) 00(10 01(10) 1(0) 100
2350 N.W. 36TH AVENUE					
COCONUT CREEK FL 33066 COCONUT CREEK FL 33066			DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualified	- OF AGE
	:			05/29/1998	
2 Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 3215	N.W. 10th TERR.	26 3215 N.W.	10th TENN.	65-0853000	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	7,000		\$8.75 Additional
	K #205	27 Suith #2	٥5-	5. Certifcate of Status Desired	Fee Required
City & Stat	ite .	City & State		6. Election Campaign Financing	\$5.00 May Be
	LANDERDARE, FL	28 FT. LAND	ERDARE FL		Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In:	tangible
24 333	309 25	29 33309	0	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered	Agent
			81 Name	•	
SHIELDS, BOBBY L			82 Street Add	ress (P.O. Box Number is Not Acceptable)	· ·
	O N.W. 36TH AVENUE				
COC	CONUT CREEK FL 33066		83		
		•	84 City		85 Zip Code
					- _
11. Pursuant	t to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	f changing its registered introduced
	and the contract of the contra				
office or r agent, fa	registered agent, or both, in the State	of Florida. Such change was autitions of, Section 607.0505, Florid	da Statutes.	or a board of directors. Thereby decept the appe	
agent, I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was au ations of, Section 607.0505, Florid	la Statutes.		
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14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: