

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092160

1. Entity Name

MEDICAL INITIATIVES, INC.

FILED

00 JAN 18 AM 9: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

9280 BAY PLAZA BOULEVARD #726
TAMPA FL 33619-4453

4000 METROPOLITAN DR
TAX DEPARTMENT
ORANGE CA 92868-3510
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3550338

Applied F

Not App

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

Name

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

City

FL

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)

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 ~
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
P
COLLIS, STEVE
4000 METROPOLITAN DR
ORANGE CA 92868

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
VCFO
DIMICK, NEIL F
4000 METROPOLITAN DR
ORANGE CA 92868

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
SAWDEI, MILAN A
4000 METROPOLITAN DR
ORANGE CA 92868

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
VPFT
SCHMITT, ERIC J
4000 METROPOLITAN DR
ORANGE CA 92868

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP
400003111814-
-01/26/00--01114--003
****150.00 ****150.00

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

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TITLE ☐ Change ☐ Add

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TITLE ☐ Change ☐ Add

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
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 changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Milan A. Sawdei

1/10/00
Date

714-385-4000
Daytime Phone #

SP