

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004183

1. Entity Name

MEDSYNC, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90027 006 ***150.00

Principal Place of Business

701 CENTRAL PARK DRIVE
SANFORD FL 32771

Mailing Address

701 CENTRAL PARK DRIVE
SANFORD FL 32771-6694

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3557791

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCUEN, JAMES P
701 CENTRAL PARK DRIVE
SANFORD FL 32771

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 Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS MCCUEN, JAMES P
CITY-ST-ZIP 630 RUGBY STREET
ORLANDO FL 32804

TITLE ☐ Delete
NAME D
STREET ADDRESS MORIKONE, SHARON
CITY-ST-ZIP 27845 COUNTY ROAD 44A
EUSTIS FL 32726

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Vice President
STREET ADDRESS C Michael Lundstrom
CITY-ST-ZIP 756 Pinewood Court West
Lake Mary FL 32746

TITLE ☐ Change ☒ Addition
NAME Treasurer
STREET ADDRESS Richard C Schultheis
CITY-ST-ZIP 911 West Dixie Ave
Leesburg FL 34748

TITLE ☐ Change ☒ Addition
NAME Medical Director
STREET ADDRESS 2420 Sandlake Road
CITY-ST-ZIP Longwood FL 32779

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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

Date

Daytime Phone #

CR2F034 (9/99)