

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000015212**

1. Entity Name

BIO-MEDICAL SERVICES OF JACKSONVILLE, INC.**FILED**
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90072 034 ***150.00

Principal Place of Business

**7505 FAWN LAKE DR S
JACKSONVILLE FL 32256**

Mailing Address

**7505 FAWN LAKE DR S
JACKSONVILLE FL 32256-3659**

B0026567



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3556351

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVE
SUITE 900
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

ISMAEL ROSARIO

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

7505 FAWN LAKE DR S

City

JACKSONVILLE**FL**

Zip Code

32256

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	ROSARIO, ISMAEL			
	7505 FAWN LAKE DR S			
	JACKSONVILLE FL 32256			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 #

SIGNATURE REQUIRED ISMAEL ROSARIO 1-31-00 904-288-9749

CR2E034 (9/99)