

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90113 014 ***150.00

DOCUMENT # P99000017735

1. Entity Name
 MEDICAL FORENSIC CONSULTANTS, INC.

Principal Place of Business

Mailing Address

WESTWOOD SQUARE SUITE 3
 FL 32765

1420 NEVADA AVE.
 ORLANDO, FLORIDA 32809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3637099

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

Leslie Schrader, R.N.
 1420 Nevada Ave.
 Orlando, Florida 32809

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
NAME
STREET ADDRESS
CITY - ST - ZIP

Leslie Schrader, R.N.
 1420 Nevada Ave.
 Orlando, Florida 32809

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ 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 recipient 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 persons empowered.

SIGNATURE

Leslie Schrader, RD 04/28/00 481-94496
 (407)
 (X104)

Signature and typed or printed name of signing officer or director

Date

Signature and typed or printed name of signing officer or director

P99000017735

652101

April 28, 2000

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: UBR - annual report
Company Name: Medical Forensic Consultants, Inc.
Tax ID No.: 59-3637099

To whom it may concern:

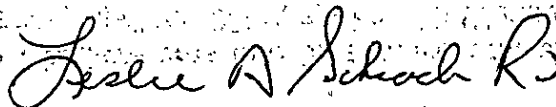
I am attempting to file my Corporation's annual UBR and have had a bit of a problem in obtaining the correct form with which to accomplish this task.

I never received my UBR form, which I believe was due to a move and change of address. I contacted your office on Tuesday, April 25, 2000, spoke with Wendy and she was to mail the form to me. On Thursday, April 27, 2000 I received a form # 206 - registration of a Fictitious Name. I called back and spoke with Jo, who advised me to use a copy of someone else's UBR (that I happened to have), white out their information and insert my information. She faxed to me a copy of my detail record screen for correct information that needed to be inserted on the UBR.

I am now sending to you the completed and signed form for my annual report related to Medical Forensic Consultants, Inc.

If there are any questions, please feel free to contact me at (407) 481-9449 ext. 104 during business hours.

Yours very truly,



Leslie A. Schrader, R.N.

Vas
Enclosures

P99000017735

ATTN LESLIE

4/28/00 CORPORATE DETAIL RECORD SCREEN 8:43 AM
NUM: P99000017735 ST:FL ACTIVE/FL PROFIT FLD: 02/22/1999
NAME : MEDICAL FORENSIC CONSULTANTS, INC.
PRINCIPAL: 996 WESTWOOD SQUARE SUITE 3 CHANGED: 04/21/00
ADDRESS OVIEDO, FL 32765
MAILING : 1420 NEVADA AVE
ADDRESS ORLANDO, FL 32809
RA NAME : SCHRADER, LESLIE RN
RA ADDR : 2438 DRESDEN TRAIL
APOPKA, FL 32712 US
ANN REP : * NONE FILED *

THERE ARE NO PRINCIPALS FOR THIS FILING

----- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT