

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
 03-01-2001 90034 041 ***150.00

DOCUMENT # P99000021966

1. Entity Name
MEDICAL KNOWLEDGE CORP.

Principal Place of Business Mailing Address
5507 SO. CONGRESS AVE.,STE.150 **5507 SO. CONGRESS AVE.,STE.150**
ATLANTIS FL 33462 **ATLANTIS FL 33462**

2. Principal Place of Business 11911 US HIGHWAY 1 Suite, Apt. #, etc. SUITE 124 City & State NORTH PALM BEACH, FL 33408 Zip Country 33408 PALM BEACH		3. Mailing Address 11911 US HIGHWAY 1 Suite, Apt. #, etc. SUITE 124 City & State NORTH PALM BEACH, FL Zip Country 33408 PALM BEACH	
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DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0904553** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
THEOFILOS, KATHRYN K ESQ.
5507 SO. CONGRESS AVE.,STE.150
ATLANTIS FL 33462

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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	D THEOFILOS, CHARLES S MD 5507 SO. CONGRESS AVE.,STE.150 ATLANTIS FL 33462 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THEOFILOS, KATHRYN K ESQ. 5507 SO. CONGRESS AVE.,STE.150 ATLANTIS FL 33462 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(j), 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 #

CR2E034 (10/00)