

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90708 039 ***158.75

DOCUMENT # P99000022483

1. Entity Name

Medi Library House, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3120 West 84th Street

3. Mailing Address
3120 West 84th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 9

Unit 9

City & State
Hialeah, FL

City & State
Hialeah, FL

Zip
33018

Country
USA

Zip
33018

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0905586

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Jason E Cothorn

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

3120 West 84th Street, Unit 9

City Hialeah

FL

Zip Code
33018

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jason E Cothorn

04/30/2003

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Cothorn, Jason E
3120 West 84th Street, Unit 9
Hialeah, FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Wallace, Christopher M
3120 West 84th Street, Unit 9
Hialeah, FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
McClelland, Richard A
3120 West 84th Street, Unit 9
Hialeah, FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jason E Cothorn

04/30/2003

305-819-3245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)