## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000042167 Mar 15, 2000 8:00 am Secretary of State 1. Entity Name MED-STAT, INC. 03-15-2000 90130 015 \*\*\*150.00 Mailing Address Principal Place of Business 2759 NW 42ND AVENUE 7799 NW 42ND AVENUE CREEK FL 33487-3353 COCONUT ooconut Creek-el 33066 Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent HYMOFF, DONNA 2759 NW 42ND AVENUE **COCONUT CREEK FL 33066** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Delete TITLE HYMOFF, DONNA 3606 S. OCEAN BLUD + 408 HIGHLAND BEACH, FT. 3348 HYMOFF, DONNA NAME NAME STREET ADDRESS STREET ADDRESS 2759 NW 42ND AVENUE CITY-ST-ZIP CITY-ST-ZIP **COCONUT CREEK FL 33066** ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED AME OF SIGNAY OFFICER OR DIRECTOR Date Date Date Date

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