

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90396 001 ***150.00
03-13-2001 90396 002 *****8.75

DOCUMENT # P99000042167

1. Entity Name

MED-STAT, INC.

Principal Place of Business

3606 S. OCEAN BLVD
#408
HIGHLAND FL 33487

Mailing Address

3606 S. OCEAN BLVD
#408
HIGHLAND FL 33487

2. Principal Place of Business

6670 NW 27 Avenue

3. Mailing Address

6670 NW 27 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

4. FEI Number **65-0921189**

Applied For
Not Applicable

Zip

Country

33496-2023 Palm Beach

Zip

Country

33496-2023 Palm Beach

5. Certificate of Status Desired

X **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

HYMOFF, DONNA
3606 S. OCEAN BLVD #408
HIGHLAND BEACH FL 33487

7. Name and Address of New Registered Agent

Name **HYMOFF, DONNA**
Street Address (P.O. Box Number is Not Acceptable)
6670 NW 27 Avenue
City **Boca Raton** **FL** Zip Code **33496-2023**

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 **Donna Hymoff** **Donna Hymoff, President** **2-06-01**
Signature, typed or printed name of registered agent and the 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) **X**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	HYMOFF, DONNA	
STREET ADDRESS	3606 S. OCEAN BLVD #408	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hymoff, Donna	
STREET ADDRESS	6670 NW 27 Avenue	
CITY-ST-ZIP	Boca Raton, Florida 33496-2023	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Donna Hymoff** **Donna Hymoff, President** **2-06-01** **(561) 241-8053**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)