

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000042167



1. Entity Name
MED-STAT, INC.

Principal Place of Business
**6670 NW 27 AVENUE
BOCA RATON FL 33496-2023**

Mailing Address
**6670 NW 27 AVENUE
BOCA RATON FL 33496-2023**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/07)

City & State

City & State

4. FEI Number **65-0921189**

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

**HYMOFF, DONNA
6670 NW 27 AVENUE
BOCA RATON FL 33496-2023**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$550.00
DUE BY September 5, 2007**

Make Check Payable to Florida Department of State

S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00 ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **HYMOFF, DONNA**
STREET ADDRESS **6670 NW 27 AVENUE**
CITY- ST- ZIP **BOCA RATON FL 33496-2023**

☐ Change ☐ Addition
U00000773639
09/07/07-80007-023 550.00

TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Donna Hymoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna Hymoff

9-5-07 (561)870-0976
DATE DAYTIME PHONE #