

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045222

1. Entity Name

ON LOCATION MEDICAL SERVICES, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

08-28-2000 90032 014 ***550.00

Principal Place of Business

5309 HILLSIDE DRIVE
 ORLANDO FL 32810

Mailing Address

5309 HILLSIDE DRIVE
 ORLANDO FL 32810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3578512

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HAGWOOD, MARY L
 5309 HILLSIDE DRIVE
 ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name: HAGWOOD, MARY L.
 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

Mary L. Hagwood

8-24-2000

Signature, typed or printed name of registered agent and date if 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)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	President	<input type="checkbox"/> Delete
NAME	Mary L. Hagwood	
STREET ADDRESS	5309 Hillside Dr	
CITY-ST-ZIP	Orlando, FL 32810	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Kathleen L. Healy	
STREET ADDRESS	1700 Woodbury - Apt #402	
CITY-ST-ZIP	Orlando, FL	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Mary L. Hagwood	
STREET ADDRESS	5309 Hillside Dr.	
CITY-ST-ZIP	Orlando, FL 32810	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Kathleen L. Healy	
STREET ADDRESS	1700 Woodbury - Apt #402	
CITY-ST-ZIP	Orlando, FL	
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		<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
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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

Mary L. Hagwood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-24-2000

Date

407-295-5016

Daytime Phone #

CP2E034 (5/00)