

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051960

1. Entity Name

GULFSTREAM MED SERVICES, CORP.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90041 046 ***150.00

Principal Place of Business

Mailing Address

619 S-FEDERAL HWY
BOCA RATON FL 33432

619 S-FEDERAL HWY
BOCA RATON FL 33432

AC041205

2. Principal Place of Business

500 NE Spanish River Blvd

3. Mailing Address

P.O. Box 490

Suite, Apt. #, etc.

Suite 105-A

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, FL

City & State
Boca Raton FL

4. FEI Number 65-0955439

Applied For

Not Applicable

Zip 33431

Country USA

Zip 33429

Country USA

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

HUGHES, MARILYN
619 S FEDERAL HWY
BOCA RATON FL 33432

Name

← same

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

500 NE Spanish River Blvd #105-A

City

Boca Raton

FL

Zip Code

33431

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

M Hughes M Hughes

4-1-1

Signature, typed or printed name of registered agent and title 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 \$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 PT
NAME HUGHES, MARILYN
STREET ADDRESS 619 S FEDERAL HWY
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ← same ☒ Change ☐ Addition
NAME
STREET ADDRESS 500 NE Spanish River Blvd
CITY-ST-ZIP Boca Raton FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

M Hughes M Hughes

4-1-1

361-0250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)