

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90127 033 ***150.00

CR2E034 (10/02)

DOCUMENT # P99000052541

1. Entity Name
MEDSEARCH TKO, INC.



Principal Place of Business
**2301 W SAMPLE RD
BLDG 3 STE 4B
POMPANO BEACH FL 33073**

Mailing Address
**2301 W SAMPLE RD
BLDG 3 STE 4B
POMPANO BEACH FL 33073**



2. Principal Place of Business
10460 NW 48 PL
Suite, Apt. #, etc.

3. Mailing Address
10460 NW 48 PL
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Coral Springs, FL
Zip
33076
Country
USA

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Coral Springs, FL
Zip
33076
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4. FEI Number **65-0926394** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROSENGARTEN, KEN
1050 COUNTRY CLUB DR #309
MARGATE FL 33063**

7. Name and Address of New Registered Agent

Name **Toni Lynn Micelli**
Street Address (P.O. Box Number is Not Acceptable)
10460 NW 48 PL

City **Coral Springs** FL Zip Code **33076**

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 **Toni Lynn Micelli**

4/23/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May-1, 2003, Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MICELLI, TONILYNN 1050 COUNTRY CLUB DRIVE MARGATE FL 33063 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ROSENGARTEN, KENNETH M 1050 COUNTRY CLUB DRIVE MARGATE FL 33063 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Secretary Micelli, Toni Lynn 10460 NW 48 PL Coral Springs, FL 33076 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Toni Lynn Micelli President**

4/23/03

18006820654

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #