

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90030 040 \*\*\*150.00

**DOCUMENT # P99000056077**  
 1. Entity Name  
**MJM MEDICAL CONSULTANTS, INC.**

Principal Place of Business  
**1812 KINSMERE DR.**  
**NEW PORT RICHEY FL 34655**

Mailing Address  
**1812 KINSMERE DR.**  
**NEW PORT RICHEY FL 34655**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2159 GROUND SQUIRREL LANE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2159 GROUND SQUIRREL LANE**  
 Suite, Apt. #, etc.

City & State  
**NEWPORT RICHEY FL**

City & State  
**NEWPORT RICHEY FL**

4. FEI Number **59-3582312** Applied For  
 Not Applicable

Zip **34655** Country **3**

Zip **34655** Country

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

6. Name and Address of Current Registered Agent  
**FINANCIAL FOUNDATIONS, INC.**  
**3150 SANDY RIDGE DR**  
**CLEARWATER FL 33761**

7. Name and Address of New Registered Agent  
 Name **KRISTINE M BIGELOW, CPA PA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6600 EMBASSY BLVD, STE. B**  
 City **PORT RICHEY FL** Zip Code **34668**

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 *Kristine M Bigelow* DATE **3/12/02**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MILLER, LAWRENCE M</b> <b>1812 KINSMERE DR.</b> <b>NEW PORT RICHEY FL 34655</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MILLER, JOY</b> <b>1812 KINSMERE DRIVE</b> <b>NEW PORT RICHEY FL 34655</b> <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2159 GROUND SQUIRREL LANE</b> <b>NEW PORT RICHEY FL 34655</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2159 GROUND SQUIRREL LANE</b> <b>NEW PORT RICHEY FL 34655</b>
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

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: *Lawrence M Miller* **REQUIRE** *Joy Miller* **3/14/02** **727-372-1445**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)