

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059945

1. Entity Name

MED 411, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90042 022 ***150.00

Principal Place of Business

Mailing Address

5720 NW 62 MANOR
PARKLAND FL 33067

5720 NW 62 MANOR
PARKLAND FL 33067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0932670**

Applied For

Not Applicable

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

ANDERSON, GARY
5720 NW 62 MANOR
PARKLAND FL 33067

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME KHASIDY, GARRY
STREET ADDRESS 135 71ST AVE
CITY-ST-ZIP FOREST HILLS NY 11375 ☒ Delete

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

TITLE D
NAME ANDERSEN, GARY
STREET ADDRESS 5720 NW 62ND MANOR
CITY-ST-ZIP PARKLAND FL 33067 ☐ Delete

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

TITLE D
NAME KALTMAN, LEE
STREET ADDRESS BOX 3157
CITY-ST-ZIP MOUNT VERNON NY 10553 ☐ Delete

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

TITLE D
NAME AYZENBERG, ERIC
STREET ADDRESS 47 E WALNUT ST
CITY-ST-ZIP PASADENA CA 91103 ☒ Delete

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

TITLE PP
NAME ANDERSEN, DON
STREET ADDRESS BOX 6860
CITY-ST-ZIP SURFSIDE, FL 33154 ☐ Delete

TITLE PP
NAME ANDERSEN, DON
STREET ADDRESS BOX 6860
CITY-ST-ZIP SURFSIDE, FL 33154 ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/01

Date

Daytime Phone #

954-753-3692

CR2E034 (10/00)