2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 27 PM 1:37

DOCUMENT # P99000066270

1. Entity Name
MEDICAL CONSULTATION GROUP, INC.

Principal Place of Business	Mailing Address
14 Office Park Dr. STe. 7 PALM COAST, F/A 32137	14 office Park Dr. ST. 7 PALM COAST, F/A 32137

2. Principal Place of Business	3. Mailing Address
14 Office Park Dr	14 Office Park Dr.
Suite, Apt. #, etc. 7	Suite, Apt. #, etc. # 7
City & State PALM COAST F/A	City & State PALM COAST, F/A
Zip 32137 Country USA	Zip 32137 Country USA

05-21-01 90374 038 $150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number 593588932 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Spiegel T Utrera, P.A
343 ALMeria Avenue
CORAL GABLES, F/A

7. Name and Address of New Registered Agent

Name Michael J. Lucas

Street Address (P.O. Box Number is Not Acceptable) 14 Office Park Dr. STe 7

City PALM COAST FL Zip Code 32137

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] 11/18/01

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) ☐

[redacted]

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	LUCAS, JOYCE ~~Pres~~ PSTD 14 office Park Dr. STe 7. PALM COAST F/A 32137 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD LUCAS, Michael 14 office Park Drive STe 7 PALM COAST, F/A 32137 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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[initials]

CR2E034 (11/00)

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] 11/18/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Please RUSH
IF Possible !
Thank You

FROM THE DESK OF MICHAEL J. LUCAS, ESQ.
14 Office Park Drive
Suite 7,
Palm Coast, Florida 32137

November 18, 2001

Re: Medical Consultation Group, Inc. Document # P99000066270

Division of Corporations
P.O. Box 1500,
Tallahassee, Florida 32302-1500

Dear Sir or Madam:

Please be advised that I have just learned that the above referenced Florida corporation is inactive. The fees were timely paid. However, we did not receive any notice of rejection. I am enclosing an additional and current UBR for filing.

Thank you for your attention.

Very truly yours,

Michael J. Lucas, Esq.