

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 27 PM 1:37

DOCUMENT # 999000066270
1. Entity Name
MEDICAL CONSULTATION GROUP, INC.

Principal Place of Business Mailing Address
14 OFFICE PARK DR. 14 OFFICE PARK DR.
STE. 7 ST. 7
PALM COAST, FLA 32137 PALM COAST, FLA
32137

2. Principal Place of Business 2. Mailing Address
14 OFFICE PARK DR. 14 OFFICE PARK DR.
Suite, Apt. #, etc. Suite, Apt. #, etc.
7 7

City & State City & State
PALM COAST FLA PALM COAST, FLA
Zip Zip
32137 32137
Country Country
USA USA

3. Name and Address of Current Registered Agent
SPIEGEL UTRECHT, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FLA

4. FEI Number
593588932
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. 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 Michael J. Lucas 11/18/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting.)

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
Zip Code

8. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

9. 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	TITLE	NAME	STREET ADDRESS
	LUCAS, JOYCE	14 OFFICE PARK DR. STE. 7		Michael	14 OFFICE PARK DR. STE. 7
		PALM COAST FLA 32137			PALM COAST, FLA 32137
		☐ Delete			☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete			☐ 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)(c), 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 true empowerments.

SIGNATURE: Michael J. Lucas 11/18/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

CR02004 (11/00)

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

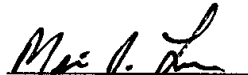
Division of Corporations
P.O. Box 1500,
Tallahassee, Florida 32302-1500

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.