

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

10/2

DOCUMENT # P990000066270

1. Entity Name

MEDICAL Consultation Group, Inc.

FILED

02 JUL 12 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14 Office PARK DR.

3. Mailing Address

14 Office PARK DR.

Suite, Apt. #, etc.

Suite 7

Suite, Apt. #, etc.

Suite 7

City & State

Palm Coast, FL

City & State

Palm Coast, FL

Zip

32137

Country

Flagler

Zip

32137

Country

Flagler

4. FEI Number

593588932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LUCAS, Michael J

Street Address (P.O. Box Number is Not Acceptable)

14 Office PARK DR. Suite 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, 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PRESIDENT Secretary, Treasurer
Michael LUCAS
14 Office PARK DR. Ste 7
PALM COAST, FL. 32137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800006658388-3
-07/25/02--01037--022
****150.00 ****150.00

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/02 386445
2803

Date

Daytime Phone #

20f2

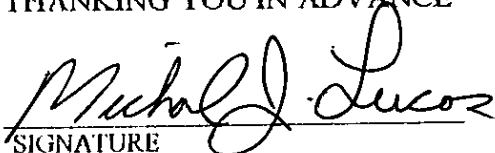
DATE: 7/10/02

FL. DEPARTMENT OF STATE
ANNUAL REPORT

PER OUR CONVERSATION PLEASE CHECK YOUR RECORDS THAT MY
CORPORATION Medical Consultation Group, Inc.
DOCUMENT # P99000066270

NEVER RECEIVED THE ANNUAL REPORT THIS YEAR. PLEASE ACCEPT OUR
PAYMENT WITHOUT PENALTY DUE TO THAT WE NEVER RECEIVED THE
REPORT.

THANKING YOU IN ADVANCE


SIGNATURE

Michael J. LUCAS / PRESIDENT
PRINT NAME/ TITLE