2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 24, 2000 8:00 am
Secretary of State
04-26-2000 90153 033 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000067017

1. Entity Name
MED-TECH PRIVATE CARE, INC.

Principal Place of Business	Mailing Address
4491 SOUTH STATE ROAD 7. SUITE ~~200~~ FORT LAUDERDALE FL 33314	4491 SOUTH STATE ROAD 7. SUITE ~~200~~ FORT LAUDERDALE FL 33314-4032

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. Suite 208		Suite, Apt. #, etc. Suite 208	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0937639 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOISVERT, LOUIS W III
4491 SOUTH STATE ROAD 7, SUITE ~~200~~
FORT LAUDERDALE FL 33314

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite 208
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE DPS NAME Boisvert, Louis W. III STREET ADDRESS 4491 S. St. Rd. 7, Ste. 208 CITY-ST-ZIP Ft. Laud, FL. 33314	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: L.W.B. ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #