2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
04-04-2001 90109 004 ***150.00

DOCUMENT # P99000067017

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

Principal Place of Business	Mailing Address
4491 SOUTH STATE ROAD 7, SUITE 200 SUITE 208 FORT LAUDERDALE FL 33314	4491 SOUTH STATE ROAD 7, SUITE 200 SUITE 208 FORT LAUDERDALE FL 33314

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5400 S. University Dr.		5400 S. University Drive	
Suite, Apt. #, etc.: # 205		Suite, Apt. #, etc.: # 205	
City & State: Davie, Florida		City & State: Davie, Florida	
Zip: 33328	Country: USA	Zip: 33328	Country: USA

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
SUITE 208
FORT LAUDERDALE FL 33314

7. Name and Address of New Registered Agent

Name: Boisvert, Louis W. III
Street Address (P.O. Box Number is Not Acceptable): 5400 S. University Drive
Suite 205
City: Davie FL Zip Code: 33328

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DPS BOLSVERT, LOUIS W III 4491 S. ST. RD 7, STE 208 FORT LAUDERDALE FL 33314	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Boisvert, Louis W. III 5400 S. University Drive # 205 Davie, FL 33328	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: L.W.B. III Louis W. Boisvert III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #