## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P99000089520 DOCUMENT #

1. Entity Name

MAITLAND INTERDISCIPLINARY CONSULTANTS, INC.

				N. P. C.		
Principal Place of Business 204 QUAYSIDE CIRCLE, APT, 604 MAITLAND FL 32751		Mailing Address 204 QUAYSIDE C MAITLAND FL 32				
2. Principal Place	of Business	3. Mailing Addres		- 		
Suite, Apt. #, etc	С.	Suite, Apt. #, et				
City & State		City & State		4. FEI Number		
Zip	Country	Zìp	Cour	itry	5. Certificate of	
6	. Name and Address of Cu	urrent Registered Agent			7. Name and Ad	
EICHNER, ANI 204 QUAYSIDI				Name Street Address (	P.O. Box Number is	
MAITLAND FL						
				City		

**FILED** May 08, 2003 8:00 am & Secretary of State 05-08-2003 90161 021 \*\*\*150.00

MAIŢLAND FL 32751		MAIT	MAITLAND FL 32751									
2. Principal Place of Business		<b>3.</b> Mai	3. Mailing Address				!!!	1431881   18 14118 18111 88111 B	#18# <b>                                     </b>			
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City	City & State			4. 1	4. FEI Number 59-3600965				pplied For ot Applicable
Zip	Country Zip Coun			try	5. (	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required						
	6. Name	and Address of Curren	t Registere	ed Agent			7. N	Name a	and Address of New	Registered	Agent	
			٠ .			Name						
EICHNER,	ANN T											
		#60 <i>A</i>		Street Address (P.O.			dress (P.O. B	Q. Box Number is Not Acceptable)				
204 QUAYSIDE CIR #604 MAITLAND FL 32751												
						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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE .												
SIGNATURE .	Signature, typed	or printed name of registered ager	nt and title if app	olicable. (NOTE	: Registere	d Agent signature	required when re	instating)	)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9.	Election Campaign Fi Trust Fund Contribution			0 May Be I to Fees		
10. OFFICERS AND DIRECTORS 11.							NS/CHANGES TO OF	EICERS AN	IN DIRECTOR	S INI 11		
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

4-30-03

407-599,0223