

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

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90084 035 \*\*\*150.00

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DOCUMENT # P99000105260

1. Entity Name  
FLORIDA MEDICAL LEASING, INC.



Principal Place of Business  
8754 SOUTHERN BREEZE DR  
ORLANDO FL 32836

Mailing Address  
8754 SOUTHERN BREEZE DR  
ORLANDO FL 32836



2. Principal Place of Business  
9108 Southern Breeze Dr  
Suite, Apt. #, etc.

3. Mailing Address  
9108 Southern Breeze Dr  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
Orlando Florida

City & State  
Orlando, Florida

4. FEI Number  
59-3617534

Applied For  
 Not Applicable

Zip Country  
32836 USA

Zip Country  
32836 USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELVIN, EUGENE JR  
8754 SOUTHERN BREEZE DR  
ORLANDO FL 32836

7. Name and Address of New Registered Agent

Name MELVIN, EUGENE, JR  
Street Address (P.O. Box Number is Not Acceptable)  
9108 Southern Breeze Dr  
City Orlando FL Zip Code 32836

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 Eugene A. Melvin Jr

Eugene A. Melvin Jr

1/18/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MELVIN, RITA	
STREET ADDRESS	8754 SOUTHERN BREEZE DR	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	S	<input type="checkbox"/> Delete
NAME	MELVIN, EUGENE JR	
STREET ADDRESS	8754 SOUTHERN BREEZE DR	
CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Eugene A. Melvin Jr

1/18/03

407-852-6880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)