

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91535 009 ***150.00

DOCUMENT # P99000106822

1. Entity Name
MEDICAL COMPLIANCE SUPPORT, INC.

Principal Place of Business
7500 SOUTHWEST 174TH STREET
MIAMI FL 33157

Mailing Address
7500 SOUTHWEST 174TH STREET
MIAMI FL 33157

Relocated 4/24/02



2. Principal Place of Business
1368 SW 151 TER
 Suite, Apt. #, etc.

3. Mailing Address
1368 SW 151 TER
 Suite, Apt. #, etc.

City & State
SUNRISE FL

City & State
SUNRISE FL

4. FEI Number
65-0988883

Applied For
 Not Applicable

Zip
33326 Country
US

Zip
33326 Country
FL

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

6. Name and Address of Current Registered Agent

MCCLOSKEY, JENNIFER
7500 SOUTHWEST 174TH STREET
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name
Joseph McCloskey
 Street Address (P.O. Box Number is Not Acceptable)
1368 SW 151 TERRACE
 City
SUNRISE FL Zip Code
33326

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 *Joseph P McCloskey* DATE **4/24/02**
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, 2002 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

TITLE
PSTD ☐ Delete
 NAME
MCCLOSKEY, JOSEPH P
 STREET ADDRESS
7500 S.W. 174 STREET
 CITY-ST-ZIP
MIAMI FL 33157

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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: *Joseph P McCloskey*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)