

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108052

1. Entity Name

MEDICAL BUSINESS SOLUTION, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90197 040 ***150.00

Principal Place of Business

13 DOLPHIN BOULEVARD
PONTE VEDRA BEACH FL 32082

Mailing Address

13 DOLPHIN BOULEVARD
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

41 Phillips Ave
Suite, Apt. #, etc.

3. Mailing Address

41 Phillips Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ponte Vedra Beach FL 32082

City & State

Ponte Vedra Beach FL

4. FEI Number

65-0728925

Applied For

Not Applicable

Zip

32082

Country

USA

Zip

32082

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LALIBERTE, PETER J
13 DOLPHIN BOULEVARD
PONTE VEDRA BEACH FL 32082

Name

Street Address (P.O. Box Number is Not Acceptable)

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, 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 P
NAME LALIBERTS, PETER J ☐ Delete
STREET ADDRESS 13 DOLPHIN BLVD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE P
NAME Peter Laliberte ☒ Change ☐ Addition
STREET ADDRESS 41 Phillips Ave
CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE V
NAME LALIBERTS, TONI E ☐ Delete
STREET ADDRESS 13 DOLPHIN BLVD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE T
NAME TONI E. Laliberte ☒ Change ☐ Addition
STREET ADDRESS 41 Phillips Ave
CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)