

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109562

1. Entity Name

MEDICAL LINK 2000, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90214 039 ***150.00

Principal Place of Business

Mailing Address

2950 NW COMMERCE PARK DR
BOYNTON BEACH FL 33426

2950 NW COMMERCE PARK DR
BOYNTON BEACH FL 33426

2. Principal Place of Business

3. Mailing Address

2950 NW Commerce Pk Dr 2950 NW Commerce Pk Dr.

Suite, Apt. #, etc.
Suite #14

Suite, Apt. #, etc.
Suite #14

City & State

City & State

Boynton Beach Florida

Boynton Beach Florida

Zip

Country

Zip

Country

33426

WPB

33426

West Palm

4. FEI Number

65-0984445

Applied For

Not Applicable

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

JACKSON, WAINSWORTH
2950 NW COMMERCE PARK DR
BOYNTON BEACH FL 33426

Name

Wainsworth Jackson

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

2950 NW Commerce Park Drive

Suite #14

City

Boynton Beach

FL

Zip Code

33426

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 Wainsworth Jackson

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

(NOTE: Registered Agent signature required when reinstating)

03/14/00

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, 2000 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 Director of Operations ☐ Delete
NAME Wainsworth jackson
STREET ADDRESS 3623 Nantucket Court
CITY-ST-ZIP Boynton Beach FL 33436

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: Wainsworth Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/00 (561)540-9988

Date

Daytime Phone #

CR2E034 (9/99)