

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V08150**

1. Entity Name
MEDXEC USA, INC.

FILED
CLERK OF STATE
DIVISION OF CORPORATION

02 MAR -1 PM 4:16



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1701 W. HILLSBORO BLVD.
SUITE 102
DEERFIELD BEACH FL 33442
US**

Mailing Address
**1701 W. HILLSBORO BLVD.
SUITE 102
DEERFIELD BEACH FL 33442
US**

2. Principal Place of Business

220 LOCK RD
Suite, Apt. #, etc.

3. Mailing Address

220 LOCK RD
Suite, Apt. #, etc.

City & State
DEERFIELD BEACH
Zip Country

City & State
FL
Zip Country

4. FEI Number **65-0306539**

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

**MYERS, RICHARD L.
1701 W HILLSBORO BLVD 220 LOCK RD
#112
DEERFIELD BEACH FL 33442**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **GREENLAND, GREGORY L**
STREET ADDRESS **3220 NW 107TH AVENUE**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **RICHARD L. MYERS**
STREET ADDRESS **220 LOCK RD**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE **VDS** ☐ Delete
NAME **MYERS, MARGARET A.**
STREET ADDRESS **1701 W HILLSBORO BLVD STE 102**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☒ Change ☐ Addition
NAME **220 LOCK RD**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MYERS, RICHARD L II**
STREET ADDRESS **613 N 5TH ST**
CITY-ST-ZIP **LANTANA FL 33462**

TITLE ☐ Change ☐ Addition
NAME **700005080887--5**
STREET ADDRESS **-03/11/02--01061--017**
CITY-ST-ZIP *****300.00 ***150.00**

TITLE **VP** ☒ Delete
NAME **LIHAN, DANA**
STREET ADDRESS **2808 NE 24 COURT**
CITY-ST-ZIP **FT LAUDERDALE FL 33305**

TITLE ☐ Change ☐ Addition
NAME **AB3/11**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **LINARDI, STEPHANIE**
STREET ADDRESS **2161 NE 68TH STREET**
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

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

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: **Margaret A. Myers** **2/19/02** **(740) 569-9023**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0384491 AV

CR2E034 (9/01)