

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90043 021 \*\*\*150.00

DOCUMENT # **V08150**

1. Entity Name  
**MEDXEC USA, INC.**



Principal Place of Business

~~220 LOCK RD~~  
~~DEERFIELD BEACH FL 33442~~  
~~US - US~~

Mailing Address

~~220 LOCK RD~~  
~~DEERFIELD BEACH FL 33442~~  
~~US~~

2. Principal Place of Business

**2015 53rd Ave**

3. Mailing Address

**2015 53rd Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Vero Beach, FL**

City & State  
**Vero Beach, FL**

4. FEI Number **65-0306539**

Applied For

Not Applicable

Zip  
**32966**

County  
**Indian River**

Zip  
**32966**

County  
**Indian River**

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**

~~220 LOCK RD~~

~~DEERFIELD BEACH FL 33442~~

**2015 53rd Ave.**

**Vero Beach FL**

**32966**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Richard L. Myers, Pres.**

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/20/03**

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

TITLE **Director** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VDS** ☐ Delete  
NAME **MYERS, MARGARET A**  
STREET ADDRESS ~~220 LOCK RD~~  
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☒ Change ☐ Addition  
NAME **2015 53rd Ave**  
STREET ADDRESS **Vero Beach, FL 32966**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MYERS, RICHARD L II**  
STREET ADDRESS ~~813 N 5TH ST~~  
CITY-ST-ZIP **LANTANA FL 33462**

TITLE ☒ Change ☐ Addition  
NAME **2015 53rd Ave**  
STREET ADDRESS **Vero Beach, FL 32966**  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **MYERS, RICHARD L**  
STREET ADDRESS ~~220 LOCK RD~~  
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☒ Change ☐ Addition  
NAME **2015 53rd Ave.**  
STREET ADDRESS **Vero Beach, FL 32966**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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: **Richard L. Myers, Pres.** **1/20/03** **772-794-0765**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)