

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V22487

1. Entity Name

DEFINITIVE HEALTH SERVICES, INCORPORATED

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90026 009 ***150.00

Principal Place of Business

Mailing Address

2699 LEE ROAD
SUITE 230
WINTER PARK FL 32789
US

2699 LEE ROAD
SUITE 230
WINTER PARK FL 32789-1739
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3114604

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHMIDT, DONALD H. M.D.
2699 LEE ROAD
STE 230
WINTER PARK FL 32789

Name

Lorna Grade

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

Lorna Grade Lorna Grade

2/1/00

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, 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 PCD ☐ Delete
NAME SCHMIDT, DONALD H.
STREET ADDRESS 7135 N BARNETT
CITY-ST-ZIP MILWAUKEE WI 53217

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

TITLE DS ☐ Delete
NAME STEWART, KIM
STREET ADDRESS 4665 LINCREST DR
CITY-ST-ZIP BROOKFIELD WI 53045

TITLE DS/T ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME GRADE, LORNA J.
STREET ADDRESS 413 E. BIRCH AVENUE
CITY-ST-ZIP MILWAUKEE WI

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

TITLE DT ☐ Delete
NAME MCKINNON, MOLLY
STREET ADDRESS 4417 TIDEWATER DRIVE
CITY-ST-ZIP ORLANDO FL

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

TITLE D ☐ Delete
NAME LIVINGSTONE, SHARON
STREET ADDRESS 2001 PARK AVE
CITY-ST-ZIP WINTER PARK FL 32789

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:

Lorna Grade Lorna Grade 2/1/00 332-1893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)