

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State
03-07-2000 90085 035 ***150.00

DOCUMENT # V37853
Entity Name
MEDICAL DECISION SERVICES, INC.

Principal Place of Business
N.W. 5TH WAY
LAUDERDALE FL 33309

Mailing Address
6458 N.W. 5TH WAY
FT. LAUDERDALE FL 33309-6112
US



DO NOT WRITE IN THIS SPACE

Principal Place of Business
535 N.E. Spanish Ct.
Suite, Apt. #, etc.
-0-

3. Mailing Address
535 N.E. Spanish Ct.
Suite, Apt. #, etc.
-0-

City & State
Boca Raton Fl

City & State
Boca Raton Fl

Zip
33432

Country
USA

Zip
33432

Country
USA

4. FEI Number
65-0337828

5. Certificate of Status Desired
☐ \$8.75 Additional Fee Required

☒ Applied For
Not Applicable

6. Name and Address of Current Registered Agent
LAUCKHARDT, JEANNE
6458 N.W. 5TH WAY
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent
Name
Lauckhardt, Jeanne
Street Address (P.O. Box Number is Not Acceptable)
535 N.E. Spanish Ct.
City
Boca Raton FL Zip Code
33432

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
Jeanne Lauckhardt
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE
2/28/00

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD LAUCKHARDT, JEANNE 6458 N.W. 5TH WAY FT. LAUDERDALE FL 33309	TITLE	PSD Jeanne Lauckhardt 535 N.E. Spanish Ct. Boca Raton, Fl 33432
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP PETTENATO, THOMAS J 6458 N.W. 5TH WAY FT. LAUDERDALE FL 33309	TITLE	VP Thomas Pettenato 535 NE Spanish Ct Boca Raton, Fl 33432
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
2/28/00 (561) 393-5661
Daytime Phone #

CR2E034 (9/99)