2000 UNIFORM BUSINESS REPORT (UBR)

5/5/00-90027-004-$150.00-$150.00

DOCUMENT # V46518

1. Entity Name

MEDICAL SERVICES CONSORTIUM, INC.

FILED

00 OCT 24 PM 4:47

SECRETARY OF STATE

REINSTATEMENT 2000

Principal Place of Business	Mailing Address
1225 BROKEN SOUND PARKWAY, NW SUITE A BOCA RATON FL 33487 US	C/O OMNICORE, INC. 1717 DIXIE HWY, STE #800 FT WRIGHT KY 41011-2784 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0357177 ☐ 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
SOUTH FLORIDA REGISTERED AGENTS 200 EAST LAS OLAS BLVD. SUITE 1900 FT. LAUDERDALE FL 33301	Name: C.T. Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd City: Plantation FL Zip Code: 33324

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: Susan J. Metze — Assistant Secretary — DATE: 6-29-00

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	V KAHAN, BRIAN A. 20975 PINAR TRAIL BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GARDNER, ROBERT J 910 MCCLEARY ST DELRAY BEACH FL 33483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800003456168--0 -11/07/00--01118--012 ****600.00 ****600.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FINN, TRACY L 1000 HATCH ST CINCINNATI OH 45202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREANY, CATHERINE I 3203 GOLDEN AVE, APT, #504 CINCINNATI OH 45226	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABBOTT, BRADLEY S 635 MEADOW WOOD DR CRESCENT SPRINGS KY 41017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS SPLAIN, GARY C 6160 VIA TIERRA BOCA RATON FL 33433	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Treasurer Bradley S. Abbott 635 Meadow Wood Dr. Crescent Springs, KY 41017

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] — 4/26/00 — (869)426-3069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #