

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
04-24-2001 90047 023 ***150.00

DOCUMENT # V46518

1. Entity Name
MEDICAL SERVICES CONSORTIUM, INC.

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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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, 2001 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	<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARDNER, ROBERT J 910 MCCLEARY ST DELRAY BEACH FL 33483	<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINN, TRACY L 1000 HATCH ST CINCINNATI OH 45202	<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREANY, CATHERINE I 3203 GOLDEN AVE, APT. #504 CINCINNATI OH 45226	<input type="checkbox"/> Delete
--	---	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBOTT, BRADLEY S 635 MEADOW WOOD DR CRESCENT SPRINGS KY 41017	<input type="checkbox"/> Delete
--	---	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABBOTT, BRADLEY S 635 MEADOW WOOD DR CRESCENT SPRINGS KY 41017	<input type="checkbox"/> Delete
--	---	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

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:

Bradley S. Abbott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bradley S. Abbott, Treasurer

4/5/2001

859-426-3069

Date Daytime Phone #

CR2E034 (10/00)

Attachment

Doc. # V46578
954828

Medical Services Consortium, Inc.

List of Officers

Robert J. Gardener, President
910 McCleary Street
Del Ray Beach, Florida 33483

Brian A. Kahan, Vice President
20975 Pintar Trail
Boca Raton, Florida 33433

Bradley S. Abbott, Treasurer
635 Meadow Wood Drive
Crescent Springs, Kentucky 41017

List of Directors

Tracy Finn
1000 Hatch
Cincinnati, Ohio 45202
336-42-3235

Bradley S. Abbott
635 Meadow Wood Drive
Crescent Springs, Kentucky 41017
405-11-3933

Catherine I. Greany
3203 Golden Avenue, Apt. 504
Cincinnati, Ohio 45226
199-48-7953