

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90175 012 ***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, 2002 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 V ☒ Delete
NAME KAHAN, BRIAN A.
STREET ADDRESS 20975 PINAR TRAIL
CITY-ST-ZIP BOCA RATON FL 33433

TITLE President ☐ Change ☒ Addition
NAME Joseph L. Dupuy
STREET ADDRESS 100 E. Rivercenter Blvd., Ste. 1500
CITY-ST-ZIP Covington, Ky 41011

TITLE P ☒ Delete
NAME GARDNER, ROBERT J
STREET ADDRESS 910 MCCLEARY ST
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE Vice President ☐ Change ☒ Addition
NAME Michael Rizzozi
STREET ADDRESS 100 E. Rivercenter Blvd., Ste. 1500
CITY-ST-ZIP Covington, Ky 41011

TITLE D ☐ Delete
NAME FINN, TRACY L
STREET ADDRESS 1000 HATCH ST
CITY-ST-ZIP CINCINNATI OH 45202

TITLE Assistant Treasurer ☐ Change ☒ Addition
NAME Thomas R. Marsh
STREET ADDRESS 100 E. Rivercenter Blvd., Ste. 1500
CITY-ST-ZIP Covington, Ky 41011

TITLE D ☐ Delete
NAME GREANY, CATHERINE I
STREET ADDRESS 3203 GOLDEN AVE, APT. #504
CITY-ST-ZIP CINCINNATI OH 45226

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

TITLE D ☐ Delete
NAME ABBOTT, BRADLEY S
STREET ADDRESS 635 MEADOW WOOD DR
CITY-ST-ZIP CRESCENT SPRINGS KY 41017

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

TITLE T ☐ Delete
NAME ABBOTT, BRADLEY S
STREET ADDRESS 635 MEADOW WOOD DR
CITY-ST-ZIP CRESCENT SPRINGS KY 41017

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:

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

Bradley S. Abbott 4/17/2002 859-426-3069
 Date Daytime Phone #

CR2E034 (9/01)