

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91419 032 ***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
**100 E. RIVERCENTER BLVD.
COVINGTON KY 41011
US**



2. Principal Place of Business
100 E. Rivercenter Blvd.

Suite, Apt. #, etc.

Suite 1600

City & State
Covington, Ky

Zip
41011

Country
USA

3. Mailing Address
100 E. Rivercenter Blvd.

Suite, Apt. #, etc.

Suite 1600

City & State
Covington, Ky

Zip
41011

Country
USA

☐ CHECK HERE IF MAKING CHANGES

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUPUY, JOSEPH L 100 E. RIVERCENTER BLVD., STE 1500 COVINGTON KY 41011	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICOZZI, MICHAEL 100 E. RIVERCENTER BLVD., STE 1500 COVINGTON KY 41011	<input type="checkbox"/> Delete
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	D GREANY, CATHERINE I 3203 GOLDEN AVE, APT, #504 CINCINNATI OH 45226	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBOTT, BRADLEY S 635 MEADOW WOOD DR CRESCENT SPRINGS KY 41017	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABBOTT, BRADLEY S 635 MEADOW WOOD DR CRESCENT SPRINGS KY 41017	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Joseph L. Dupuy 100 E. Rivercenter Blvd., Ste. 1600 Covington, Ky 41011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Michael Ricozzi 100 E. Rivercenter Blvd. 1600 Covington, Ky 41011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Tracy L. Finn 100 E. Rivercenter Blvd., Ste. 1600 Covington, Ky 41011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Director Regis T. Robbins 100 E. Rivercenter Blvd., Ste. 1600 Covington, Ky 41011	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Treasurer Thomas R. Marsh 100 E. Rivercenter Blvd., Ste. 1600 Covington, Ky 41011	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Director Bradley S. Abbott 100 E. Rivercenter Blvd., Ste. 1600 Covington, Ky 41011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 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 3/28/2003 859-392-3347
Date Daytime Phone #

CR2E034 (10/02)