

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L54397

FILED
Apr 10, 2003
Secretary of State

Entity Name: ALL MEDICAL PERSONNEL, INC.

Current Principal Place of Business:

2501 HOLLYWOOD BLVD
SUITE 100
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

2501 HOLLYWOOD BLVD
SUITE 100
HOLLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: 65-0183048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZBARD, MARVIN
19955 NE 38 CT
APT 3102
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHWARTZBARD, CAROL,
Address: 19955 NE 38 CT APT 3102
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: SCHWARTZBARD, MARVIN,
Address: 19955 NE 38 CT AP 3102
City-St-Zip: AVENTURA, FL 33180

Title: O () Delete
Name: BERNITEIN, NEIL
Address: 3702 NE 199 ST
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: SCHWARTZBARD, JULIE
Address: 3702 NE 199 ST
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARVIN SCHWARTZBARD

TREA

04/10/2003

Electronic Signature of Signing Officer or Director

Date