4/11

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
04-11-2001 90002 035 ***150.00

DOCUMENT # P00000048242

1. Entity Name
TRIPLE O MEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address
1801 S.E. HILLMOOR DRIVE PORT ST. LUCIE FL 34952	1411 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33401

40499

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1411 NORTH FLAGLER DRIVE	1411 North Flagler drive
Suite, ~~Apt #, etc.~~ 9000	Suite, ~~Apt #, etc.~~ 9000
City & State: WEST PALM BEACH, FL	City & State: West Palm Beach, FL
Zip 33401 Country USA	Zip 33401 Country USA

4. FEI Number 65101-5825 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OSIYEMI, OLAYEMI
1733 VILLAGE BLVD., APT., 112
WEST PALM BEACH FL 33409

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.

SIGNATURE [signature] (Olayemi Osiyemi) 1-4-01
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	D OSIYEMI, OLAYEMI 11255 S.W. 11TH STREET PEMBROKE PINES FL 33025	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~PRESIDENT~~ ~~OLAYEMI OSIYEMI M.D~~ ~~1733 Village blvd. Apt 112~~ ~~West Palm Beach, FL 33409~~	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT OLAYEMI OSIYEMI M.D 1411 North Flagler drive Suite 9000 West Palm Beach, FL 33401	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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] M.D OLAYEMI OSIYEMI M.D 1-4-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #