

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25491

1. Entity Name

ALBAMED, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90094 021 ***150.00

Principal Place of Business

Mailing Address

20 SOUTH 19TH STREET
 FERNANDINA BEACH FL 32034

20 SOUTH 19TH STREET
 FERNANDINA BEACH FL 32034-2767

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

23-2368655

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARLOW, ANNE DR.
20 S. 19TH STREET
FERNANDINA BEACH FL 32024

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD NAME: BARLOW, ANNE STREET ADDRESS: 20 S. 19TH STREET CITY-ST-ZIP: FERNANDINA BEACH FL	<input type="checkbox"/>		
VTD NAME: RAMSAY, ALASTAIR STREET ADDRESS: 20 S. 19TH STREET CITY-ST-ZIP: FERNANDINA BEACH FL	<input type="checkbox"/>		
SD NAME: CADWELL, BARBARA STREET ADDRESS: N. 3891 HIGHWAY 55 CITY-ST-ZIP: WHITE LAKE WI	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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: Carol Barlow **REGISTERED** BARLOW, MD Jan 24, 2000 904-261-6423
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)