2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2003 8:00 am Secretary of State

1. Entity Nar	MENT # 584194 ie medical services, inc		04-02-2003 900	050 005 ***1.	58.75		
Principal Plates 838 NEAPOLI PMB 301 NAPLES FL 8 US		Mailing Address P.O. 50X 413335 PMB 301 NAPLES FL-34109- US 3. Maring Address					
PM 15 30 PM 15 Pile, App. #13 005 PO BOX			301 413005		CHECK HERE IF MAKING CHANGES		
City& Sta		Tity & State De S	A		FEI Number 59-1848391	·	oplied For ot Applicable
→	OI Coupins A	3410	Country-A	_ 5.	Certificate of Status Desired	\$8.75 Ad	ditional
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent							
LATONA RANDALL J							
838 NEAPOLITAN WAY							
PMB 301 838 Neapolitan Way							
NAPLES FL 34103 FL 7900 (33							
8. The above named entity submits the 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 3-18-03							
Signature, typed or printegrame of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating) DATE THE ADMINISTRATE OF THE STATE OF							
o FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							0 May Be
Make Check Payable to Florida Department of State 10.					DDITIONS/CHANGES TO OFFICERS	,	
10.	PVID :	Delete	TILE	IV-T	, .	Change	
NAME	LATONA, RANDÁLL J		NAME		on a. Matous		100
STREET ADDRESS CITY-ST-ZIP	838-NEAPORTON WAY PMB 301- NAPLES FL 3 4103-		STREET, ADDRESS DITY-ST-ZIP	WY S	301/ POBOL 413	, 002	CREEGS4 (10/02)
TITLE	S	☐ Delete	TITLE	S	<u> </u>	Change	☐ Addition 등
NAME STREET ADDRESS	LATONA, LISA A. 1 838 Neapoiton way PMB 3 01		NAME Street Adoress	Lisa 1	H. Latona. 301 (ROBOX 41)	3005	
CITY-ST-ZIP	NAPLES FL 34103	· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP	Nov	yes, FL 3410	1	
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NAME STREET ADDRESS			NAME STREET ADORESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. 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 trystee 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 problem like empowered.							

attachment 55030(de7

MARCH 18, 2003

FLORIDA DEPARTMENT OF STATE

CORPORATION: Fir borne Medical Services, From DOCUMENT 5.8-4-194

THIS IS AFFIRMATION THAT NO ADDRESS OTHER THAN THE POST OFFICE BOX IS AVAILABLE.

SINCE THE 911 DISASTER THE MAILING CENTER CAN NO LONGER ACCEPT MAIL DIRECTED IN ANY OTHER CONFIGURATION.

THE CORRECT ADDRESS FOR THE CORPORATION, OFFICERS AND REGISTERED AGENT IS:

P.M.B. 301 P.O. BOX 413005 NAPLES, FL. 34101

LISA A. VATONA

*Q*ORPORÁTE SECRETARY~

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