

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90015 014 ***150.00

0433/92 AV

DOCUMENT # 687627

1. Entity Name

ASSOCIATED HEALTHCARE SERVICES, INC.

Principal Place of Business

**5453 NORTH 59TH ST
 TAMPA FL 33610**

Mailing Address

**P.O. BOX 79297
 TAMPA FL 33619-0297**

2. Principal Place of Business

12007 N. BRIGHTWATER BLVD

3. Mailing Address

P.O. BOX 79297

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TEMPLE TERRACE, FL

City & State

TAMPA, FL

4. FEI Number

59-2030399

Applied For

Not Applicable

Zip
33617

Country

HILLSBOROUGH

Zip

33619-0297

Country

Hillsborough

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LEA, MARJORIE
 312 DEER PARK
 TEMPLE TERRACE FL 33617**

7. Name and Address of New Registered Agent

Name **ELLISON, MARJORIE L.**
 Street Address (P.O. Box Number is Not Acceptable)
12007 N. BRIGHTWATER BLVD.
 City **TEMPLE TERRACE, FL** Zip Code **33617**

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 *Marjorie L. Ellison* **MARJORIE L. ELLISON, PRESIDENT 4-26-02**

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, 2002 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

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPTS LEA, MARJORIE 12007 N BRIGHTWATER BLVD TEMPLE TERRACE FL 33617 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPTS ELLISON, MARJORIE L. 12007 N. BRIGHTWATER BLVD. TEMPLE TERRACE, FL 33617 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Marjorie L. Ellison* **MARJORIE L. ELLISON 4-26-02 813.985.4019**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)