

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90491 003 ***158.75

0536613

DOCUMENT # F00000002239

1. Entity Name
AMERICAN MEDICAL ALARMS, INC.

Principal Place of Business
**15 WEST CRYSTAL LAKE AVENUE
 CRYSTAL LAKE IL 60014**

Mailing Address
**15 WEST CRYSTAL LAKE AVENUE
 CRYSTAL LAKE IL 60014**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1314 Cape Coral Pkwy

3. Mailing Address
1314 Cape Coral Pkwy

Suite, Apt. #, etc.
#204

Suite, Apt. #, etc.
#204

City & State
Cape Coral, Fl.

City & State
Cape Coral, Fl

4. FEI Number **36-4258022**

Applied For
 Not Applicable

Zip
33904

Country
Lee

Zip
33904

Country
Lee

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ (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	PCD SCHALL, KIRBY J JR. 15 WEST CRYSTAL LAKE AVENUE CRYSTAL LAKE IL 60014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHALL, GRETA M 15 WEST CRYSTAL LAKE AVENUE CRYSTAL LAKE IL 60014	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. O. Box 2690 Ft Myers Beach, Fl 33932	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. O. Box 2690 Ft Myers Beach, Fl. 33932	<input 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
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: Kirby J Schall Jr 2/23/2001 941-540-4655
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)