

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-25-2003 90307 044 ***150.00

0647181 AT

DOCUMENT # F02000004627

1. Entity Name
EXPRESS-MED, INC.



Principal Place of Business
**6530 WEST CAMPUS OVAL
NEW ALBANY OH 43054**

Mailing Address
**6530 WEST CAMPUS OVAL
NEW ALBANY OH 43054**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-1412983**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
NAME **DEUTSCH, HOWARD**
STREET ADDRESS **19 TANGLEWOOD DRIVE**
CITY-ST-ZIP **TITUSVILLE NJ 08560**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **PAWLOWSKI, KEVIN**
STREET ADDRESS **615 S. WARE BOULEVARD**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CFO** ☒ Delete
NAME **SCHOLES, JEFFREY E**
STREET ADDRESS **6530 WEST CAMPUS OVAL**
CITY-ST-ZIP **NEW ALBANY OH 43054**

TITLE **CFO** ☒ Change ☐ Addition
NAME **Frick, Michael**
STREET ADDRESS **615 S. Ware Blvd.**
CITY-ST-ZIP **Tampa, FL 33619**

TITLE **S** ☐ Delete
NAME **RUBIN, STEPHEN W**
STREET ADDRESS **1585 BROADWAY, 22ND FLOOR**
CITY-ST-ZIP **NEW YORK NY 10036**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DIRCKS, THOMAS C**
STREET ADDRESS **535 MADISON AVENUE**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FAGAN, A. LAWRENCE**
STREET ADDRESS **535 MADISON AVENUE**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 trustee 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

813-621-4800

Daytime Phone #

CR2E034 (10/02)