

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90094 001 ***150.00

DOCUMENT # F02000005427

1. Entity Name
ACTION MEDICAL RESOURCES, INC.



Principal Place of Business
**4382 HEMMINGWAY DRIVE
KALAMAZOO MI 49009**

Mailing Address
**4382 HEMMINGWAY DRIVE
KALAMAZOO MI 49009**



2. Principal Place of Business

5080 Lovers Lane

3. Mailing Address

5080 Lovers Lane

Suite, Apt. #, etc.

Suite "D"

Suite, Apt. #, etc.

Suite "D"

City & State

Portage MI

City & State

Portage MI

Zip

49002

Country

USA

Zip

49002

Country

USA

4. FEI Number **38-3620786**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE **CP** ☐ Delete
NAME **GREEN, CHARLES D**
STREET ADDRESS **4382 HEMMINGWAY DRIVE**
CITY-ST-ZIP **KALAMAZOO MI 49009**

TITLE **DV** ☐ Delete
NAME **STILLEY, RANDY L**
STREET ADDRESS **602 LORRAINE COURT**
CITY-ST-ZIP **LONGVIEW TX 75604**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 Green

Date

1/7/02

Daytime Phone #

CR2E034 (10/02)