

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90116 011 \*\*\*150.00

**DOCUMENT # F98000004595****1. Entity Name****WESLEY MEDICAL RESOURCES, INC.****Principal Place of Business****28100 US 19 N**  
**STE. 306**  
**CLEARWATER FL 33761****Mailing Address****28100 US 19 N**  
**STE. 306**  
**CLEARWATER FL 33761****925490**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business****3. Mailing Address****7733 Forsyth Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**Suite 1700**  
**St. Louis, Missouri**  
**63105 USA****4. FEI Number 22-3577123**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$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

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, 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	<input type="checkbox"/> Delete
P	ARBALAEZ, MAURICE	900 CHELMSFORD ST., STE. 208	LOWELL MA 01851	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
C	Henderson, Alan C.	7733 Forsyth Blvd. Ste 1700	St. Louis, MO 63105	<input type="checkbox"/>	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
P	LONG, THOMAS	28100 US HIGHWAY 19 NORTH, SUITE 306	CLEARWATER FL 33761	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
V, T, S	Douthitt, James M.	7733 Forsyth Blvd. Ste 1700	St. Louis, MO 63105	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
T	RANELLI, PAUL	900 CHELMSFORD ST. STE. 208	LOWELL MA 01851	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
Sr. V	Eisenhower, Gregory J.	7733 Forsyth Blvd. Ste 1700	St. Louis, MO 63105	<input type="checkbox"/>	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
S	FINKENKELLER, JOHN	7733 FORSYTH BLVD. STE. 1700	ST. LOUIS MO 63105	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Sr. V	Eisenhower, Gregory J.	7733 Forsyth Blvd. Ste 1700	St. Louis, MO 63105	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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				<input type="checkbox"/>	<input type="checkbox"/>

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-01

314-654-2253

CR2E034 (10/00)