

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90008 022 ***150.00

00003429



DO NOT WRITE IN THIS SPACE

DOCUMENT # F98692			
1. Entity Name ALLIED MEDICAL SERVICES GROUP, INC.			
Principal Place of Business 5453 NORTH 59TH ST TAMPA FL 33610		Mailing Address 5453 NORTH 59TH ST TAMPA FL 33610	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		P.O. Box 79297 Suite, Apt. #, etc.	
City & State		City & State Tampa, FL	
Zip	Country	Zip	Country
33619-0297	USA	33619-0297	USA
4. FEI Number 59-2240207		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75-Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEA, MARJORIE 312 DEER PARK TEMPLE TERRACE FL 33617		Name Same Street Address (P.O. Box Number is Not Acceptable) 12007 N. Brightwater Blvd. 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 <u>Marjorie A. Lea</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		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 <input type="checkbox"/> \$5.00 May Be Added to Fees		10. Election Campaign Financing <input type="checkbox"/> \$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	DPST LEA, MARJORIE 12007 N BRIGHTWATER BLVD TEMPLE TERRACE FL 33617 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Marjorie A. Lea</u> Marjorie A. Lea, Pres. 01-08-00 (813) 985-4019 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

CR2E034 (10/00)