

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90015 013 \*\*\*150.00

REGISTERED  
 AV

**DOCUMENT # F98692**

1. Entity Name

**ALLIED MEDICAL SERVICES GROUP, INC.**

Principal Place of Business

**5453 NORTH 59TH ST  
 TAMPA FL 33610**

Mailing Address

**PO BOX 79297  
 TAMPA FL 33619-0297**

2. Principal Place of Business

**12007 N. BRIGHTWATER BLVD.  
 Suite, Apt. #, etc.**

3. Mailing Address

**P.O. BOX 79297  
 Suite, Apt. #, etc.**

City & State

**TEMPLE TERRACE, FL**

City & State

**TAMPA, FL**

4. FEI Number

**59-2240207**

Applied For

Not Applicable

Zip  
**33617**

Country

**HILLSBOROUGH**

Zip  
**33619-0297**

Country

**HILLSBOROUGH**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LEA, MARJORIE  
 12007 N BRIGHTWATER BLVD  
 TEMPLE TERRACE FL 33617**

7. Name and Address of New Registered Agent

Name  
**ELLISON, MARJORIE L.**

Street Address (P.O. Box Number is Not Acceptable)  
**12007 N. BRIGHTWATER BLVD.**

City  
**TEMPLE TERRACE, FL** Zip Code  
**33617**

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

*Marjorie L. Ellison* **MARJORIE L. ELLISON, PRESIDENT**

**04-26-02**

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, 2002 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

TITLE ☐ Delete  
**DPST**  
 NAME  
**LEA, MARJORIE**  
 STREET ADDRESS  
**12007 N BRIGHTWATER BLVD**  
 CITY-ST-ZIP  
**TEMPLE TERRACE FL 33617**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
**DPST**  
 NAME  
**ELLISON, MARJORIE L.**  
 STREET ADDRESS  
**12007 N. BRIGHTWATER BLVD.**  
 CITY-ST-ZIP  
**TEMPLE TERRACE, FL 33617**

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

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

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:

*Marjorie L. Ellison* **MARJORIE L. ELLISON**

**4-26-02**

**813.985.4019**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)