

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90516 033 \*\*\*150.00

**DOCUMENT # F98692**

1. Entity Name  
**ALLIED MEDICAL SERVICES GROUP, INC.**



Principal Place of Business  
**12007 N BRIGHTWATER BLVD  
TAMPA FL 33617**

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

2. Principal Place of Business

3. Mailing Address  
**12007 N. BRIGHTWATER BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**TEMPLE TERRACE, FL**

4. FEI Number  
**59-2240207**

Applic For  
Not Applicable

Zip

Country

Zip  
**33617**

Country  
**HILLSBOROUGH**

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

**ELLISON, MARJORIE L  
12007 N BRIGHTWATER BLVD  
TEMPLE TERRACE FL 33617**

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

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

**04/24/03**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/24/03 (813) 985-4019**

DATE Daytime Phone #

CR2E034 (10/02)