

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90196 036 \*\*\*150.00

**DOCUMENT # F99000006083**

1. Entity Name  
**APPLIED MEASUREMENT PROFESSIONALS, INC.**



Principal Place of Business  
**8310 NIEMAN ROAD  
LENEXA, KS 66214-1579**

Mailing Address  
**8310 NIEMAN ROAD  
LENEXA, KS 66214-1579**

**50036765**



03292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**48-0940267**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CAPITOL CORPORATE SERVICES, INC.  
1333 NORTH DUVAL STREET  
TALLAHASSEE, FL 32303**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
BURGIN, WILLIAM E JR., MD  
2601 HOSPITAL BLVD., STE. 117  
CORPUS CHRISTI, TX 78405**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
REGNIER, ROBERT D  
11935 RILEY  
OVERLAND PARK, KS 66225**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HAYES, JAMES H MHA  
19730 ENCINO BROOK  
SAN ANTONIO, TX 78259**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LAWRENCE, ROBERT M MD  
902 NORTH LANDING RD.  
ROCHESTER, NY 14625**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SMITH, GARY A  
8310 NIEMAN ROAD  
LENEXA, KS 66214**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
GOLDINER, PAUL L MD  
1 GUSTAVE LEVY PL BOX 1010  
NEW YORK, NY 10029**

**DO NOT WRITE  
IN THIS SPACE**

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, 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 another, like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/5/2005**

Date

**913-541-0400**

Daytime Phone #