

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90413 005 \*\*\*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**

**50012872**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
**48-0940267**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

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

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, 2006 Fee will be \$550.00**

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  
**C  
BURGIN, WILLIAM E JR., MD  
2601 HOSPITAL BLVD., STE. 117  
CORPUS CHRISTI, TX 78405** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
Gregg L Ruppel MD RRT RFT  
3635 Vista at Grand  
St Louis MO 63104** ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
Larry R Ellis MBA RRT  
2435 Forest Drive  
Columbia SC 29204** ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
Barbara G Wilson MD RRT  
814 Churchill Drive  
Chapel Hill NC 27517** ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Director  
Harry E Jordan  
9832 Overbrook Road  
Leawood KS 66206** ☐ Change ☒ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**7 Hawthorne Road  
Larchmont NY 10538** ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Gary A. Smith**

Date

**4/11/2006**

**913-541-0400**

Daytime Phone #