

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90825 007 \*\*\*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**

40094440



2. Principal Place of Business - No P.O. Box #  
**18000 W 105th St.**

3. Mailing Address  
**18000 W 105th St**

04202007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Olathe KS**

City & State  
**Olathe KS**

4. FEI Number  
**48-0940267**

Applied For  
Not Applicable

Zip  
**66061-7543**

Country  
**USA**

Zip  
**66061-7543**

Country  
**USA**

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.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301**

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, 2007 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 **C** ☐ Delete  
NAME **BURGIN, WILLIAM E JR., MD**  
STREET ADDRESS **2601 HOSPITAL BLVD., STE. 117**  
CITY-ST-ZIP **CORPUS CHRISTI, TX 78405**

TITLE **Director** ☒ Change ☐ Addition  
NAME **William W. Burgin Jr MD**  
STREET ADDRESS **2601 Hospital Blvd Ste 117**  
CITY-ST-ZIP **Corpus Christi TX 78404**

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

TITLE **Treasurer** ☐ Change ☒ Addition  
NAME **Harry E Jordan**  
STREET ADDRESS **4832 Overbrook Rd**  
CITY-ST-ZIP **Lawrence KS 66206**

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

TITLE **Director** ☐ Change ☒ Addition  
NAME **Barbara G Wilson MEd RET**  
STREET ADDRESS **814 Church St Dr**  
CITY-ST-ZIP **Chapel Hill NC 27517**

TITLE **T** ☐ Delete  
NAME **RUPPEL, GREGG L RRT**  
STREET ADDRESS **3635 VISTA AT GRAND**  
CITY-ST-ZIP **SAINT LOUIS, MO 63104**

TITLE **Secretary** ☒ Change ☐ Addition  
NAME **Gregg L. Ruppel MEd RRT RPT**  
STREET ADDRESS **3635 Vista at Grand**  
CITY-ST-ZIP **St Louis MO 63104**

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

TITLE **President** ☒ Change ☐ Addition  
NAME **Gary A. Smith**  
STREET ADDRESS **18000 W. 105th St**  
CITY-ST-ZIP **Olathe KS 66061-7543**

TITLE **S** ☐ Delete  
NAME **GOLDINER, PAUL L MD**  
STREET ADDRESS **7 HAWTHORNERD**  
CITY-ST-ZIP **LARCHMONT, NY 10538**

TITLE **Director** ☒ Change ☐ Addition  
NAME **Paul L. Goldiner MD**  
STREET ADDRESS **7 Hawthorne Rd**  
CITY-ST-ZIP **Larchmont NY 10538**

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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2007

Date

913-895-4600

Daytime Phone #