

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90049 031 ***150.00

DOCUMENT # F99000006083

1. Entity Name
APPLIED MEASUREMENT PROFESSIONALS, INC.



Principal Place of Business
18000 W. 105TH ST
OLATHE, KS 66061-7543

Mailing Address
18000 W. 105TH ST
OLATHE, KS 66061-7543

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112008

Chg-P

CR2E034 (12/06)

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

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, 2008 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 D ☒ Delete
NAME BURGIN, WILLIAM E JR., MD
STREET ADDRESS 2601 HOSPITAL BLVD., STE. 117
CITY-ST-ZIP CORPUS CHRISTI, TX 78405

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

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

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

TITLE P ☐ Delete
NAME SMITH, GARY A
STREET ADDRESS 18000 W 105TH ST.
CITY-ST-ZIP OLATHE, KS 660617513

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

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

TITLE Director ☐ Change ☒ Addition
NAME Barbara G. Wilson MED RRT
STREET ADDRESS 814 Churchill Drive
CITY-ST-ZIP Chapel Hill NC 27517

TITLE Director ☐ Change ☒ Addition
NAME Larry R Ellis MBA RRT
STREET ADDRESS 2001 Laurel Street
CITY-ST-ZIP Columbia SC 29204

TITLE Director ☐ Change ☒ Addition
NAME Kerry E George MED RRT FAARC
STREET ADDRESS 2006 S. Ankeny Blvd
CITY-ST-ZIP Ankeny IA 50023-4995

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

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

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

Date

Daytime Phone #

1/23/2008

913-895-4600