

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90193 034 ***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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **48-0940267**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ 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 **DIRKSEN, RALPH E**
STREET ADDRESS **23933 W. 175TH ST.**
CITY-ST-ZIP **GARDNER KS 66030**

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition
NAME **Robert M Lawrence MD**
STREET ADDRESS **1836 Clover**
CITY-ST-ZIP **Rochester NY 14625**

TITLE ☐ Change ☒ Addition
NAME **Fred Louis III**
STREET ADDRESS **120 S LaSalle Street, Ste 1600**
CITY-ST-ZIP **Chicago, IL 60603-3406**

TITLE ☐ Change ☒ Addition
NAME **Barbara G Wilson Med RRT**
STREET ADDRESS **814 Churchill Drive**
CITY-ST-ZIP **Chapel Hill NC 27514**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/2003

913-541-0400

Date

Daytime Phone #

CR2E034 (10/02)