2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J16542

1. Entity Name

TRANSMEDICAL SERVICES, INC.

Principal Place of Business

Mailing Address

11200 NW 15TH CT.

11200 NW 15TH CT.

FILED May 10, 2001 8:00 am Secretary of State 05-10-2001 90191 041 ***150.00

PEMBROKE PINES FL 33026		PEMBROKE PINES FL 33026			102010				
9 Dringing 5	None of Pusiness	2 Mailing Address							
	Place of Business Pines Blvd	3. Mailing Address 1003 1 Pines Blyd							
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THE	S SPACE			
	<u> 220 - </u>	Suite 220			BONOT WHITE IN THE	JOI AOL			
City & State City & State					4. FEI Number 50 0670500	I IA	pplied For	7	
tembroke Pines FL		Pembroke lines.		FL	4. FEI Number 59-2678539	N	ot Applicable	1	
Zip Country 33024		Zip 33024	33024		5. Certificate of Status Desired S8.75 Addition Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
			ĺ	Name	4	•		-	
DONNELLY, ANN				Street Address (P.O. Box Number is Not Acceptable)					
11200 NW 15TH COURT				ondervidations (1.8. Box (damber to (et viceoptable)					
PEMBROKE PINES FL 33026									
				City	F	L Zip Cod	de		
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.									
SIGNATURE	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE:	: Registered	Agent signature requir	ed when reinstating) DATE				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 200 Make Check Payable)1 Fee v	will be \$550.00)0 May Be d to Fees		
11. OFFICERS AND DIRECTORS 12.			12.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	S IN 11	1	
TITLE	PTS	☐ Delete	TITLE			☐ Change	☐ Addition	8	
NAME	DONNELLY, ANN	NAME						10	
STREET ADDRESS	1120 NW 15TH COURT		STREE					\ %	
CITY-ST-ZIP	PEMBROKE PINES FL 33026		CITY-:					E)	
TITLE	D	☐ Delete TITLE				☐ Change	Addition	CR2E034 (10/00)	
NAME	DONNELLY, ROBERT		NAME					1	
STREET ADDRESS	11200 NW 15TH COURT		STREE					ĺ	
CITY-ST-ZIP	PEMBROKE PINES FL 33026		CITY-	ST-ZIP					
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TITLE		☐ Delete TIT				Change	☐ Addition		
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STREET ADDRESS				T ADDRESS				1	
CITY-ST-ZIP			CITY-S					ļ	
13. I hereby o	certify that the information supplied with t	his filing does not qualify for	the exem	notion stated in S	Section 119.07(3)(i), Florida Statutes, I further of	ertify that the in	nformation	1	

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4