

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90009 010 \*\*\*158.75

**DOCUMENT # J16542**

1. Entity Name  
**TRANSMEDICAL SERVICES, INC.**

Principal Place of Business <b>10031 PINES BV                  STE 220                  HOLLYWOOD FL 33024</b>	Mailing Address <b>10031 PINES BV                  STE 220                  HOLLYWOOD FL 33024</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>10021 Pines Blvd                  Suite 206                  Hollywood, FL                  33024</b>	3. Mailing Address <b>10021 Pines Bv                  Suite 206                  Hollywood, FL                  33024</b>
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4. FEI Number <b>59-2678539</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**DONNELLY, ANN  
 11200 NW 15TH COURT  
 PEMBROKE PINES FL 33026**

7. Name and Address of New Registered Agent  
 Name **DONNELLY, ANN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2065 SW 118TH STREET**  
 City **MIRAMAR** FL Zip Code **33025**

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 *Ann Donnelly* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTS DONNELLY, ANN 1120 NW 15TH COURT PEMBROKE PINES FL 33026</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DONNELLY, ROBERT 11200 NW 15TH COURT PEMBROKE PINES FL 33026</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTS DONNELLY, ANN 2065 SW 118 Avenue MIRAMAR, FL 33025</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DONNELLY, ROBERT 2065 SW 118TH Avenue MIRAMAR, FL 33025</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ann Donnelly* **ANN DONNELLY** 4/29/02 954-436-3399  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MEMORANDUM

CR2E034 (9/01)