

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J16542

FILED
Apr 24, 2003
Secretary of State

Entity Name: TRANSMEDICAL SERVICES, INC.

Current Principal Place of Business:

10021 PINES BV
STE 206
HOLLYWOOD, FL 33024

New Principal Place of Business:

2065 SW 118TH AVENUE
MIRAMAR, FL 33025

Current Mailing Address:

10021 PINES BV
STE 206
HOLLYWOOD, FL 33024

New Mailing Address:

2065 SW 118TH AVENUE
MIRAMAR, FL 33025

FEI Number: 59-2678539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DONNELLY, ANN
2065 SW 118TH ST.
MIRAMAR, FL 33025

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: DONNELLY, ANN,
Address: 2065 SW 118TH AVE.
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: DONNELLY, ROBERT,
Address: 2065 SW 118TH AVE
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN DONNELLY

PTS

04/24/2003

Electronic Signature of Signing Officer or Director

_____ Date