

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J36120

FILED  
Apr 24, 2003  
Secretary of State

Entity Name: AMERICAN MEDICAL EMERGENCY SERVICES, INC.

**Current Principal Place of Business:**

2140 LEMON AVENUE  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

2140 LEMON AVENUE  
ENGLEWOOD, FL 34223

**New Mailing Address:**

FEI Number: 23-2626305

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STILES, KENDAL B PRES  
2140 LEMON AVENUE  
ENGLEWOOD, FL 34223 US

**Name and Address of New Registered Agent:**

STILES, KENDAL B M.D.  
2140 LEMON AVENUE  
ENGLEWOOD, FL 34223 US

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: KENDAL B. STILES, M.D.

04/24/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: STILES, KENDAL B M.D.  
Address: 2140 LEMON AVENUE  
City-St-Zip: ENGLEWOOD, FL 34223

Title: V[S] ( ) Delete  
Name: STILES, PHYLLIS  
Address: 2140 LEMON AVENUE  
City-St-Zip: ENGLWOOD, FL 34223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VS (X) Change ( ) Addition  
Name: STILES, PHYLLIS  
Address: 2140 LEMON AVENUE  
City-St-Zip: ENGLWOOD, FL 34223

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: KENDAL B. STILES, M.D.

PT

04/24/2003

Electronic Signature of Signing Officer or Director

Date