

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L09144

1. Entity Name

EXTENDED MEDICAL SERVICES, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90011 014 ***158.75

Principal Place of Business

Mailing Address

3401 CAPITAL MEDICAL BLVD
TALLAHASSEE FL 32308
US

3401 CAPITAL MEDICAL BLVD
TALLAHASSEE FL 32308-4425
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2962245**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIERCE, ROBERT A.
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301

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.

SIGNATURE

Patricia W. Nestor

Patricia W. Nestor

1/26/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 PD
NAME NESTOR, PATRICIA W
STREET ADDRESS 3401 CAPITAL MEDICAL BLVD
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE DV
NAME SCHMIDT, TIM T.
STREET ADDRESS 3334 CAPITAL MEDICAL BLVD.
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE DV
NAME WINGO, CHARLES H.
STREET ADDRESS 3334 CAPITAL MEDICAL BLVD.
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE DV
NAME HANEY, TOM C.
STREET ADDRESS 3334 CAPITAL MEDICAL BLVD.
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE DV
NAME DEWEY, DONALD M
STREET ADDRESS 3334 CAPITAL MEDICAL BLVD.
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Patricia W. Nestor

Patricia W. Nestor

1/26/00 850-942-5912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #