1/27/01-90074-008-$158.75-$158.75

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L09144

1. Entity Name

EXTENDED MEDICAL SERVICES, INC.

FILED

01 MAR -8 AM 9:45

SECRETARY OF STATE
TALLAHAS[redacted]

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 3401 CAPITAL MEDICAL BLVD<br>TALLAHASSEE FL 32308<br>US | 3401 CAPITAL MEDICAL BLVD<br>TALLAHASSEE FL 32308<br>US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2417 Fleischmann Rd | 2417 Fleischmann Rd |
| Suite, Apt. #, etc.: Unit 1 | Suite, Apt. #, etc.: Unit 1 |
| City & State: Tallahassee Fl | City & State: Tallahassee Fl |
| Zip: 32308 Country: Leon | Zip: 32308 Country: Leon |

4. FEI Number 59-2962245 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

X

7. Name and Address of New Registered Agent

Name: Susan C. Lovett

Street Address (P.O. Box Number is Not Acceptable): 106 E College Ave

City: Tallahassee FL Zip Code: 32301

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] 3-01-01

Signature, typed or printed name of registered agent and title if applicable. (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. (See criteria on back) ☐

**FILE NOW!!! FEE IS $150.00**
**After MAY 1, 2001 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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>NESTOR, PATRICIA W<br>3401 CAPITAL MEDICAL BLVD<br>TALLAHASSEE FL 32308 | ☐ Delete | PD<br>Nestor, Patricia W<br>2417 Fleischmann Rd<br>Tallahassee, Fl 32308 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>SCHMIDT, TIM T.<br>3334 CAPITAL MEDICAL BLVD.<br>TALLAHASSEE FL 32308 | ☑ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>WINGO, CHARLES H.<br>3334 CAPITAL MEDICAL BLVD.<br>TALLAHASSEE FL 32308 | ☑ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>HANEY, TOM C.<br>3334 CAPITAL MEDICAL BLVD.<br>TALLAHASSEE FL | ☑ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>DEWEY, DONALD M<br>3334 CAPITAL MEDICAL BLVD.<br>TALLAHASSEE FL | ☑ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E034 (10/00)

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 1/19/01 850-942-5912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #