

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-10-2001 90126 013 ***150.00

DOCUMENT # P00000003586					
1. Entity Name IMAGE PARAMEDICAL SERVICES, INC.					
Principal Place of Business 1717 KELLY PARK RD. APOPKA FL 32712			Mailing Address 1717 KELLY PARK RD. APOPKA FL 32712		
2. Principal Place of Business 177			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59 3623754	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILL, PATRICIA A 1717 KELLY PARK RD. APOPKA FL 32712			7. Name and Address of New Registered Agent		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	PATRICIA GILL				
	1717 Kelly Park Rd.				
	APOPKA, FL 32712				
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	EARL GILL				
	1717 Kelly Park Rd.				
	APOPKA, FL 32712				
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<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)(f), 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 GILL			7-3-01 407 886 7420		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E034 (5/01)

Attachment
Doc # ~~XXXXXXXXXX~~ 3586 - 76795

Image Paramedical Services, Inc
1717 Kelly Park Rd.
Apopka, Fl. 32712

July 3, 2001

Dear Sir:

I have just received a "Uniform Business Report" form in the mail from you. I called my accountant and was told that this form should have been completed in the first quarter. I do not recall having received this correspondence before now. This is my first year as a corporation and was not aware that this is a requirement for corporations in the State of Florida.

I called the number provided in the UBR booklet and the person said that I needed to write this letter and send a check for \$150.00. She also indicated that I may have to pay a penalty for filing late.

If a penalty needs to be paid, I will pay as soon as you advise me that payment is necessary.

~~I apologize for any inconvenience my ignorance has caused.~~

Sincerely,

Patricia Gill
Patricia Gill
President —

Attachment
Doc# P00000003586
76795



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 11, 2001

IMAGE PARAMEDICAL SERVICES, INC.
1717 KELLY PARK RD.
APOPKA, FL 32712

Subject: **IMAGE PARAMEDICAL SERVICES, INC.**

Reference Number: **P00000003586**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jg
ANNUAL REPORTS SECTION