2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
01-30-2001 90068 016 ***158.75

DOCUMENT # P00000009884

1. Entity Name
AHS MEDICAL RESEARCH, INC. - FLORIDA DIVISION

Principal Place of Business	Mailing Address
10806 US HWY 19, SUITE 102A PORT RICHEY FL 33668	10806 US HWY 19, SUITE 102A PORT RICHEY FL 33668

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 34668 Country	Zip 34668 Country

4. FEI Number 59-3619827 ☐ Applied For ☐ Not Applicable

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
KHAN, HAIDER A 10806 US HWY 19, SUITE 102A PORT RICHEY FL 33668	Name GLEN J. GOLEMI Street Address (P.O. Box Number is Not Acceptable) PO 10806 U.S. Hwy 19, Suite 102A City PORT RICHEY FL Zip Code 34668

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] 1-2-01
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 GOLEMI, GLEN 10806 US HWY 19, SUITE 102A PORT RICHEY FL 33668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KHALED, YASSER 10806 US HWY 19 STE. 102-A PORT RICHEY, FL 34668	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KHAN, HAIDER A 10806 US HWY 19, SUITE 102A PORT RICHEY FL 33668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MITCHUM, GRAHAM L. 10806 U.S. HWY 19 STE 102-A PORT RICHEY, FL 34668	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WOODS, JOHN 10806 US HWY 19, SUITE 102A PORT RICHEY FL 33668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KHAN, SABIHA 10806 US HWY 19, SUITE 102A PORT RICHEY FL 33668	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: [signature] 1-2-01 (727) 697-1033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #