

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90269 048 \*\*\*158.75

0430979  
 AV

**DOCUMENT # P00000009884**

1. Entity Name

**AHS MEDICAL RESEARCH, INC. - FLORIDA DIVISION**

Principal Place of Business

~~10806 US HWY 19 SUITE 102A~~  
~~PORT RICHEY FL 33668~~

Mailing Address

~~10806 US HWY 19 SUITE 102A~~  
~~PORT RICHEY FL 33668~~

2. Principal Place of Business

**6101 WEBB RD.**

3. Mailing Address

**6101 WEBB RD.**

Suite, Apt. #, etc.

**SUITE 202**

Suite, Apt. #, etc.

**SUITE 202**

City & State

**TAMPA, FLORIDA**

City & State

**TAMPA, FLORIDA**

Zip

**33615**

Country

**HILLSBOROUGH**

Zip

**33615**

Country

**HILLSBOROUGH**



DO NOT WRITE IN THIS SPACE

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

**GOLEMI, GLEN J**

**10806 US HWY 19, SUITE 102A**

**PORT RICHEY FL 33668**

7. Name and Address of New Registered Agent

Name

**G. LARRY MITCHUM**

Street Address (P.O. Box Number is Not Acceptable)

**6101 WEBB ROAD, SUITE 202**

City

**TAMPA**

FL

Zip Code

**33615**

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]*

**G. LARRY MITCHUM**

**01-10-02**

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, 2002 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	<input type="checkbox"/> Delete
NAME	<b>GOLEMI, GLEN</b>	
STREET ADDRESS	<b>10806 US HWY 19, SUITE 102A</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 33668</b>	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	<b>KHAN, HAIDER A</b>	
STREET ADDRESS	<b>10806 US HWY 19, SUITE 102A</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 33668</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>WOODS, JOHN</b>	
STREET ADDRESS	<b>10806 US HWY 19, SUITE 102A</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 33668</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>KHALED, YASSER</b>	
STREET ADDRESS	<b>10806 US HWY 19, SUITE 102A</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 33668</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>MITCHUM, GRAHAM L</b>	
STREET ADDRESS	<b>10806 US HWY 19 STE 102-A</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLEMI, GLEN</b>	
STREET ADDRESS	<b>6101 WEBB ROAD, SUITE 202</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33615</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THOMAS, IGNATIUS, M.D.</b>	
STREET ADDRESS	<b>200 DUTTON CT. <del>SLIDELL</del></b>	
CITY-ST-ZIP	<b>SLIDELL, LA. 70461</b>	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOODS, JOHN</b>	
STREET ADDRESS	<b>6101 WEBB ROAD, SUITE 202</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33615</b>	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KHALED, YASSER</b>	
STREET ADDRESS	<b>518 OAK ALLEY DR.</b>	
CITY-ST-ZIP	<b>PEARL RIVER, LA. 70452</b>	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MITCHUM, GRAHAM L</b>	
STREET ADDRESS	<b>6101 WEBB ROAD, SUITE 202</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33615</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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]*

Date

Daytime Phone #

CR2E034 (9/01)