

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90184 042 ***150.00

DOCUMENT # P00000059841

1. Entity Name
FIRST PRIORITY MEDICAL SERVICES, INC.

Principal Place of Business
4620 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33021

Mailing Address
4620 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33021

2. Principal Place of Business
same
 Suite, Apt. #, etc.

3. Mailing Address
same
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1021701**

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

HOLMAN, JEFFREY E
2739 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

3341 NE. 165 St.
North Miami Beach,
FL 33160

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

(NOTE: Registered Agent signature required when reinstating)

3/21/02
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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ **Delete**
NAME **SNYDER, ROBERT F**
STREET ADDRESS **6544 FLETCHER ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE **D** ☐ **Delete**
NAME **HOLMAN, JEFFREY E**
STREET ADDRESS **3725 KENSINGTON ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☐ **Delete**
NAME **HOLMAN, PHILIP**
STREET ADDRESS **3620 TUSCANY DR.**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **president** ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS *3341 NE. 165 St.*
CITY-ST-ZIP *North Miami Beach, FL 33160*

TITLE **vice president** ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ **Change** ☐ **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)(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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/21/02 (954) 966-2234

CR2E034 (9/01)