

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 22, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90099 013 \*\*\*150.00

**DOCUMENT # P00000076605**

1. Entity Name

**ACCREDITED MEDICAL SERVICES, INC.**

Principal Place of Business

2115 ARIELLE DRIVE #2607  
NAPLES FL 34109

Mailing Address

2115 ARIELLE DRIVE #2607  
NAPLES FL 34109

62166

2. Principal Place of Business

229 S. AIRPORT Rd.

Suite, Apt. #, etc.

3. Mailing Address

229 S. AIRPORT Rd.

Suite, Apt. #, etc.

City &amp; State

NAPLES FL

City &amp; State

NAPLES FL

Zip

34107

Country

Collier

Zip

34107

Country

Collier

4. FEI Number

59-366-8989

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WOLFE, DON A  
2115 ARIELLE DRIVE #2607  
NAPLES FL 34109

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WOLFE, DONNA D	
STREET ADDRESS	2115 ARIELLE DRIVE #2607	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLFE, DONA A	
STREET ADDRESS	2115 ARIELLE DRIVE #2607	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)