

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90134 038 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000114844			
1. Entity Name ALLMED SERVICES USA, INC.			
Principal Place of Business P.O. BOX 1130 209 WEST ALFRED ST. TAVARES, FL 32778		Mailing Address P.O. BOX 1130 209 WEST ALFRED ST. TAVARES, FL 32778	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3387638		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 FINANCIAL FOUNDATIONS, INC. 3160 SANDY RIDGE DRIVE CLEARWATER, FL 33761		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when certifying)			
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
P LAWRENCE, NORMAN L P.O. BOX 1130 TAVARES, FL 32778			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Norman L. Lawrence</i>		5/19/03 352-742-0588	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

Norman L. Lawrence, Pres

Attachment
ALLMED SERVICES USA INC
90137262

P. O. Box 1130
209 W. Alfred St.
Tavares, FL. 32778
Norman L Lawrence

Phone (352)742-0588

Fax (352)742-1633

5/19/03

Division of Corporations
UBR Filings
P O Box 1500
Tallahassee, FL 32302-1500
Re: P00000114844

Dear Sirs,

We were in the process of cleaning out one of our offices to make room for some new equipment when we discovered our 2002 papers for the report of our corporation. Apparently we didn't receive the 2003 paperwork for the report for our corporation. We immediately called in and spoke to a lady named Amy who told us how to get on the net and download another form. She also told us that if we write a letter explaining that we didn't receive the paperwork from the Division of Corporations that we could pay the \$150 dollars instead of the \$550. Please accept this letter of explanation because we didn't receive the 2003 paperwork to report our corporation. Included with this downloaded form is our report and check for \$150. Please accept this and renewal form for the 2003 report. Thank you for your time and attention.

Sincerely,

Norman L Lawrence

Norman L Lawrence, Pres
Allmed Services USA, Inc.