

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90283 020 \*\*\*150.00

DOCUMENT # P01000022801

1. Entity Name

ATLANTIC MEDICAL SPECIALISTS, INC.



Principal Place of Business

279 S YOUNG ST  
ORMOND BEACH FL 32174

Mailing Address

279 S YOUNG ST  
ORMOND BEACH FL 32174

2. Principal Place of Business

5085 S. Hwy 17-92

3. Mailing Address

5085 S. Hwy 17-92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CASSELBERRY, FL

City & State

CASSELBERRY, FL

Zip

32707

Country

USA

Zip

32707

Country

USA

4. FEI Number

59-3703628

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

OKARSKI, KRISTEN

279 S YOUNG ST  
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name

OKARSKI, KRISTEN

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

5085 S. Hwy 17-92

City

CASSELBERRY

FL

Zip Code

32707

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: *Kristen Okarski*

KRISTEN OKARSKI

2/13/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ARANGO, DAVID U	
STREET ADDRESS	279 S YOUNG ST	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VT	<input type="checkbox"/> Delete
NAME	OKARSKI, SCOTT E	
STREET ADDRESS	279 S YOUNG ST	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	S	<input type="checkbox"/> Delete
NAME	OKARSKI, KRISTEN	
STREET ADDRESS	279 S YOUNG ST	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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
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
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:

*Signature of Kristen Okarski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/03

(386) 672-6642

Date

Daytime Phone #

CR2E034 (10/02)