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

## P01000022801 DOCUMENT #

1. Entity Name

279 S YOUNG ST

Principal Place of Business

ORMOND BEACH FL 32174

5085 S.

Suite, Apt. #, etc.

OKARSKI, KRISTEN 279 S YOUNG ST

the obligation

SIGNATURE

10.

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

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NAME

STREET ADDRESS

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CITY-ST-ZIP

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STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

**ORMOND BEACH FL 32174** 

ns of registered agent

ARANGO, DAVID U

OKARSKI, SCOTT E

279 S YOUNG ST

OKARSKI, KRISTEN

279 S YOUNG ST

279 S YOUNG ST

City & State

ASSEV

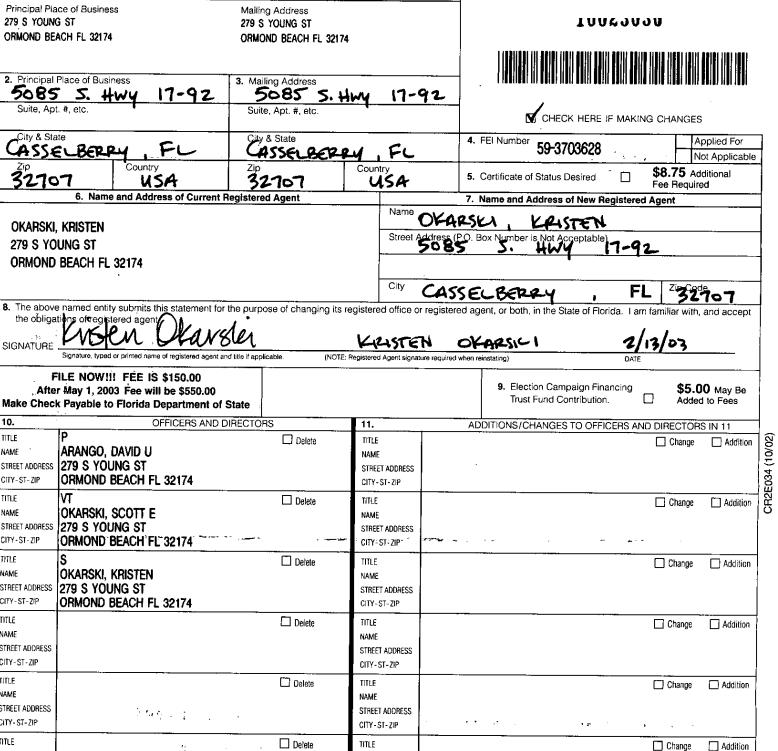
2. Principal Place of Business

ATLANTIC MEDICAL SPECIALISTS, INC.



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

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



12. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

Addition