

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-22-2002 90254 006 ***150.00

DOCUMENT # P01000060222

1. Entity Name
AROUND-THE-CLOCK MEDICAL SERVICES, INC.

Principal Place of Business
1380 N.E. MIAMI GARDENS DR.
NORTH MIAMI BEACH FL 33179

Mailing Address
1380 N.E. MIAMI GARDENS DR.
NORTH MIAMI BEACH FL 33179



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2050 NE 163 ST.
 Suite, Apt. #, etc.
102
 City & State
North Miami Beach
FLORIDA
 Zip
33162 Country
USA

3. Mailing Address
2050 NE 163 ST.
 Suite, Apt. #, etc.
102
 City & State
N. MIAMI BEACH
Florida
 Zip
33162 Country
USA

4. FEI Number
65-1126748 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GINSBERG, MARC R ESQ.
1110 BRICKELL AVE., STE. 805
MIAMI FL 33131

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 _____ (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. ☐ **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**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLASSMAN, PAUL S D.O.		NAME		
STREET ADDRESS	1380 N.E. MIAMI GARDENS DR.		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ **4/5/02** **3059409300**
 _____ **Daytime Phone #**

CR2E034 (9/01)