

# 2002 UNIFORM BUSINESS REPORT (UBR)

0495148 AV

**DOCUMENT # P01000099770**

1. Entity Name  
**AMERICAN MOBILE PHYSICIANS SERVICES, INC.**

Principal Place of Business  
**821 FIFTH AVE. SOUTH. STE. 201  
NAPLES FL 34102**


Mailing Address  
**821 FIFTH AVE. SOUTH. STE. 201  
NAPLES FL 34102**

2. Principal Place of Business <b>2230 J &amp; C Blvd.</b> Suite, Apt. #, etc. <b>Suite Two</b> City & State <b>Naples, Florida</b> Zip <b>34109</b> Country <b>USA</b>	3. Mailing Address <b>2230 J &amp; C Blvd.</b> Suite, Apt. #, etc. <b>Suite Two</b> City & State <b>Naples, Florida</b> Zip <b>34109</b> Country <b>USA</b>
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**FILED**

**02 APR 17 AM 11:17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3750131</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NOVATT, JEFF M 821 FIFTH AVE. SOUTH, STE. 201 NAPLES FL 34102</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **4/13/02** **239-593-5566**

Thomas W. Reed, Chairman of the Board and Treasurer

CR2E034 (9/01)