## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P01000101841

1. Entity Name

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

EXPRESS MEDICAL SERVICES CORPORATION

Mailing Address Principal Place of Business 6835 SHILOH ROAD E. 6835 SHILOH ROAD E. C-2 C-2 ALPHARETTA GA 30005 ALPHARETTA GA 30005 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FERRELL, HUGH C Street Address (P.O. Box Number is Not Acceptable) 4924 HIDDEN OAKS TRAIL SARASOTA FL 34232 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition CR2E034 (4/02) ☐ Change TITLE ☐ Detete TITLE NAME NAME CLARK, MARK STREET ADDRESS STREET ADDRESS 6835 SHILOH ROAD E. CITY-ST-ZIP CITY-ST-ZIP ALPHARETTA GA 30005 Delete TITLE ☐ Addition TITLE NAME NAME Chilett, Chris FERRELL, STEPHEN 6835 Shiloh Ad. E. . C-2 STREET ADDRESS STREET ADDRESS 6835 SHILOH ROAD E Alpharetta, GA 30005 CITY-ST-7IP CITY-ST-ZIP ALPHARETTA GA 30005 Delete Change ☐ Addition TITLE NAME Gillett:Chris NAME - -FERRELL STEPHEN 6835 Shiloh Rd.E., C-2 STREET ADDRESS STREET ADDRESS 6835 SHILOH ROAD E CITY-ST-ZI CITY-ST-ZIP Alpharetta, GA 30005 ALPHARETTA GA 30005 ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

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.

Date

Daytime Phone 6

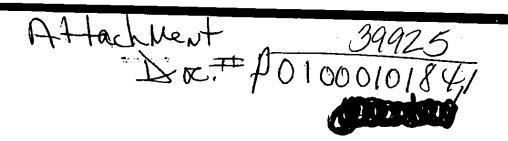
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jul 30, 2002 8:00 am

Secrétary of State

07-10-2002 90180 013 \*\*\*150 00



## 7/3/2002

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re:- Express-Medical Services Corp. 6835 Shiloh Rd., E. C-2
Alpharetta, GA 30005
Document # P01000101841

## Dear Sirs:

This notice is in reference to our filing fee for the year 2002. Our office did not receive notice of the fee prior to today, due to office management changes. We kindly request that our late fee be waived and have enclosed our recording fees of \$150.00.

If you need any further assistance, please feel free to contact our office at 877-856-3612.

Sincerely,

Chris Gillett

Secretary