

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000101841

1. Entity Name

EXPRESS MEDICAL SERVICES CORPORATION

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-10-2002 90180 013 ***150.00

Principal Place of Business

6835 SHILOH ROAD E.
 C-2
 ALPHARETTA GA 30005

Mailing Address

6835 SHILOH ROAD E.
 C-2
 ALPHARETTA GA 30005

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

58-2658357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FERRELL, HUGH C
 4924 HIDDEN OAKS TRAIL
 SARASOTA FL 34232

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. 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 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
 NAME CLARK, MARK
 STREET ADDRESS 6835 SHILOH ROAD E.
 CITY-ST-ZIP ALPHARETTA GA 30005

TITLE S ☒ Delete
 NAME FERRELL, STEPHEN
 STREET ADDRESS 6835 SHILOH ROAD E.
 CITY-ST-ZIP ALPHARETTA GA 30005

TITLE T ☒ Delete
 NAME FERRELL, STEPHEN
 STREET ADDRESS 6835 SHILOH ROAD E.
 CITY-ST-ZIP ALPHARETTA GA 30005

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S ☒ Change ☐ Addition
 NAME Gillett, Chris
 STREET ADDRESS 6835 Shiloh Rd. E.. C-2
 CITY-ST-ZIP Alpharetta, GA 30005

TITLE T ☒ Change ☐ Addition
 NAME Gillett, Chris
 STREET ADDRESS 6835 Shiloh Rd. E.. C-2
 CITY-ST-ZIP Alpharetta, GA 30005

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

Doc. #

39925
P01000101841

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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