

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000101841

1. Entity Name
EXPRESS MEDICAL SERVICES CORPORATION



FILED

03 JAN 23 AM 10:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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
6865 Shiloh Rd. E.
Suite, Apt. #, etc.
Suite 250

3. Mailing Address
6865 Shiloh Rd. E.
Suite, Apt. #, etc.
Suite 250

City & State
Alpharetta, GA
Zip
30005
Country
USA

City & State
Alpharetta, GA
Zip
30005
Country
USA

☒ CHECK HERE IF MAKING CHANGES

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

CLARK, WAYNE D
6833 CORRAL CIRCLE
SARASOTA FL 34243

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 *Mark Clark, Pres.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE S
NAME OILLETT, CHRIS
STREET ADDRESS 6835 SHILOH RD E C-2
CITY-ST-ZIP ALPHARETTA GA 30005 ☐ Delete

TITLE T
NAME GILLETT, CHRIS
STREET ADDRESS 6835 SHILOH RD E C-2
CITY-ST-ZIP ALPHARETTA GA 30005 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME Gillett, Chris ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME 500010668075 ☐ Change ☐ Addition
STREET ADDRESS 01/23/03--01034--018 **150.00
CITY-ST-ZIP

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark Clark, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03

Date

404-391-4610

Daytime Phone #

CR2E034 (10/02)