2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000053613

1. Entity Name AFFIRMED MEDICAL SERVICES COMPANY



FILED Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90152 050 ***150.00

Principal Place of Business 1605 MAIN ST., SUITE 1001 SARASOTA FL 34236 2. Principal Place of Business		1605 MA	Mailing Address 1605 Main St., Suite 1001 SARASOTA FL 34236									
		3. Mailing	3. Mailing Address Suite, Apt. #, etc. City & State				/ 					
Suite, Apt. #, etc.	Suite.											
City & State		City &						1. FEI Number		Applied For		
Only distribution		0.0, 4.	Oily & State				01-0694259			Not Applicable		
Zip	Country	try Zip			Country			5. Certificate of Status Desired			\$8.75 Additional Fee Required	
6. N	lame and Address of Curre	nt Registered /	Agent			7	. Na	ame and Address of New Reg	stered A	gent]
COLDONITAL CT				Name								
GOLDSMITH, ST.					Street Address (P.O. Box Number is Not Acceptable)							
1605 MAIN ST., 3		ښد		}								1
SARASOTA FL 3	4236			ļ								_
					City			•	FL	Zip Cod	e st	1
the obligations of r		> 				registered a	_			- 03	and accept	
	W!!! FEE IS \$150.00	<u> </u>					_ _	9Election-Gampaign-Finance	oing	~\$5: ()0 -маў ве—	- -
	, 2003 Fee will be \$550.0 le to Florida Department						1	Trust Fund Contribution.			d to Fees	
10.	OFFICERS AN	ND DIRECTORS		11.			ADD	DITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	S IN 11	╡,
TITLE D.			Delete	TITLE	i i	D, P.,			:	XX Change	☐ Addition	18
STREET ADDRESS 7358	ey, patrick j Ridge RD. Sota FL 34238				T ADDRESS ST-ZIP			PATRICK J. s unchanged)				7004
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	At the information and the	in this files a	Delete	CITY-	T ADDRESS ST-ZIP	nd in Cost'-		19.07(3)(i), Florida Statutes, I fu		☐ Change	Addition	-

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 empergred 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:

Date Daytime Phone #