

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000097945

FILED
Apr 09, 2005
Secretary of State

Entity Name: ACCURATE MEDICAL RECOVERY OF TAMPA BAY, INC

Current Principal Place of Business:

5440 BEAUMONT CTR BLVD
490
TAMPA, FL 33634

New Principal Place of Business:

12890 COMMODITY PLACE
TAMPA, FL 33626

Current Mailing Address:

5440 BEAUMONT CTR BLVD
490
TAMPA, FL 33634

New Mailing Address:

12890 COMMODITY PLACE
TAMPA, FL 33626

FEI Number: 46-0498659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TULLY, COLLEEN
5440 BEAUMONT CTR BLVD
490
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

TULLY, COLLEEN
12890 COMMODITY PLACE
TAMPA, FL 33626 US

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: COLLEEN TULLY

04/09/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TULLY, COLLEEN M
Address: 5440 BEAUMONT CTR BLVD STE 490
City-St-Zip: TAMPA, FL 33634

Title: D (X) Delete
Name: PATON, ROBERT
Address: 5440 BEAUMONT CTR SUITE 490
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TULLY, COLLEEN M
Address: 12890 COMMODITY PLACE
City-St-Zip: TAMPA, FL 33626

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLLEEN M TULLY

P

04/09/2005

Electronic Signature of Signing Officer or Director

Date