


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90097 037 \*\*\*150.00

**DOCUMENT #** P02000106418

**1. Entity Name**  
AMBIENT ACUTE SERVICES, INC.



**Principal Place of Business**  
~~1200 BRICKELL AVE., SUITE 1720~~  
~~MIAMI FL 33131~~

**Mailing Address**  
~~1200 BRICKELL AVE., SUITE 1720~~  
~~MIAMI FL 33131~~

**2. Principal Place of Business**  
11820 NW 37 ST.  
Suite, Apt. #, etc.

**3. Mailing Address**  
(SAME)  
Suite, Apt. #, etc.

**City & State**  
CORAL SPRINGS, FL

**City & State**  
CORAL SPRINGS, FL

**Zip**  
33065

**Country**  
USA

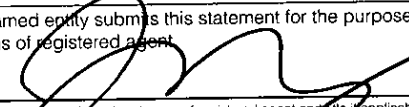
**4. FEI Number** ☒ Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
~~BAUMAN, BRYAN W~~  
~~1200 BRICKELL AVE., SUITE 1720~~  
~~MIAMI FL 33131~~

**7. Name and Address of New Registered Agent**  
Name: GEORGE J. OVERMEYER  
Street Address (P.O. Box Number is Not Acceptable): 11820 NW 37 STREET  
City: CORAL SPRINGS FL Zip: 33065

**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.**

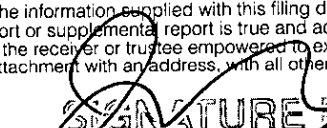
SIGNATURE:  **GEORGE J. OVERMEYER** **DIR** **COO/EFO** **1/30/03**  
(NOTE: Registered Agent signature required when reinstating)

**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** ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVERMEYER, GEORGE J 11820 NW 37TH ST. CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOSKIN, NORMAN J. 11820 NW 37 ST. CORAL SPRINGS, FL 33065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:**  **GEORGE J. OVERMEYER** **1/30/03** **(954) 796-3338**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)