2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000113258

1. Entity Name



FILED Feb 05, 2003 8:00 am \$ \$ Secretary of State 02-05-2003 90097 043 ***150.00

AMBIENT HEALTHCARE OF WEST FLORIDA, INC.					32 30 2330 3330		
Principal Plac	LL AVE STE-1720	Mailing Address 1200 BRIGHELL AVE STR.1 MIAMI FL 99191	720				
2. Principal Place of Business STREET 3. Mailing Address SAM			K)		1 10011001 (1) 00110 11213 02117 00131 00101 (1441	1 5/14/ (5/1)74
Suite, Apt.		Suite, Apt. #, etc			CHECK HERE IF MAKI	NG CHANGES	
City & State SPRINGS, FL City & State					4. FEI Number - 0802774	L	oplied For ot Applicable
330	SS Country USA	Zip	Country		5. Certificate of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current F	legistered Agent	Name		7. Name and Address of New Registere	d Agent	
CATHUM REVANDA				GEORGE J. OVERMENT			
-1200 BRICKELL #WE STE-1720				Street Address (P.O. Box Number is Blox Acceptable)			
MAMI-FL-33494							
			Cit	RAL	SPRINGS F	L 233	665
	named entity submits this statement for ons of registered agent.	the purpose of changing its re	gistered office or	registere	ed agent, or both, in the State of Florida I a	m familiar with,	and accept
SIGNATURE Signature, types or printer, kame of registered agent and the if applyable. (NOTE: Registered Agent signature required when reinstating) DATE DATE							
E	LE NOW!!! FEE IS \$150.00	(NOTE: H	negistered Agent signatu	nia radmiso A	when reinstaurig)	= f	<u>'</u>
After	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State			Selection Campaign Financing Trust Fund Contribution.		00 May Be of to Fees
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	
TITLE	D OVERWEVER CEORGE I	☐ Delete	TITLE	77	I N MORNAN T	_ Change	Addition
NAME STREET ADDRESS	OVERMEYER, GEORGE J 11820 N.W. 37TH STREET		NAME STREET ADDRESS	1183	SKIN NORMAN J	•	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP	Cok	RAE SPRINGS, FL	33065	5
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition 2
NAME STREET ADDRESS			NAME Street Address				j
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	.e==	☐ Delete	TITLE	-سیید ۲ مه	a a company of	☐ Change	☐ Addition
NAME STREET ADDRESS			NAME Street Address				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			. Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	title Name			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				1
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				
t		to file a day of the file	CITY-ST-ZIP	1 :	140 07/0V() Fig. (1. 0	25 N	
indicated	ertify that the information supplied with to on this report or supplemental report is to contain a street or the contains and	riis iiiing does not qualify for th rue and accurate and that my	e exemption state signature shall ha	ea in Sec ave the sa	ction 119.07(3)(i), Florida Statutes. I further of the legal effect as if made under oath; that	certify that the in I am an officer	or director

changed, or on an attachment with an address 954

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

796-333