

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90010 041 ***150.00

DOCUMENT # P03000144618

1. Entity Name
**ACCELERATED MEDICAL REIMBURSEMENT SERVICES
INC.**



Principal Place of Business
**7301 16TH AVE. NW
BRADENTON, FL 34209 US**

Mailing Address
**7301 16TH AVE. NW
BRADENTON, FL 34209 US**

24084160



09032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

P.O. Box 14712

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Bradenton, FL

4. FEI Number

81-0639991

Applied For

Not Applicable

Zip

Country

Zip

34280

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GIOVANELLI, JUDITH A
7301 16TH AVE. NW
BRADENTON, FL 34209**

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 *Diana L. Percycoc*

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

(NOTE: Registered Agent signature required when reinstating)

9/3/04

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GIOVANELLI, JUDITH A**
STREET ADDRESS **7301 16TH AVE. NW**
CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE **T** ☐ Delete
NAME **PERCYCOE, DIANE**
STREET ADDRESS **2501 AVENUE C**
CITY-ST-ZIP **BRADENTON BEACH, FL 34217**

TITLE **S** ☐ Delete
NAME **THORPE, ANN MARIE**
STREET ADDRESS **6509 13TH AVE. DR. WEST**
CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8102A marina Dr.**
CITY-ST-ZIP **Holmes Beach, FL 34217**

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

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

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

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

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: *Diana L. Percycoc, Treasurer* **9/3/04** **941-778-7663**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #