

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91070 002 \*\*\*158.75

**DOCUMENT # P31455**

1. Entity Name

**MEDICAL EXPRESS OF COLORADO, INC.**

Principal Place of Business

Mailing Address

**357 MC CASLIN BLVD  
 STE. 100  
 LOUISVILLE CO 80027**

**12235 EL CAMINO REAL  
 STE. 200  
 SAN DIEGO CA 92130**

**A0069249**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**357 Mc Caslin Blvd**

3. Mailing Address

**12235 El Camino Real**

Suite, Apt. #, etc.

**Suite #100**

Suite, Apt. #, etc.

**Suite #200**

City & State

**Louisville, CO**

City & State

**San Diego, CA**

4. FEI Number **84-1011067**

Applied For

Not Applicable

Zip

**80027**

Country

Zip

**92130**

Country

**San Diego**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **NOWAKOWSKI, SUSAN**  
 STREET ADDRESS **357 MCCASLIN BLVD #100**  
 CITY-ST-ZIP **LOUISVILLE CO 80027**

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

TITLE **VPST** ☐ Delete  
 NAME **STUMPH, DIANE K**  
 STREET ADDRESS **12235 EL CAMINO REAL #200**  
 CITY-ST-ZIP **SAN DIEGO CA 92130**

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

TITLE **D** ☐ Delete  
 NAME **FRANCIS, STEVEN**  
 STREET ADDRESS **17202 CIRCA DEL SUR**  
 CITY-ST-ZIP **RANCHO SANTA FE, CA 92067**

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

TITLE **VP** ☐ Delete  
 NAME **WEHN, STEVE**  
 STREET ADDRESS **12235 EL CAMINO REAL #200**  
 CITY-ST-ZIP **SAN DIEGO CA 92130**

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

TITLE **D** ☐ Delete  
 NAME **HAAS, ROBERT**  
 STREET ADDRESS **300 CRESCENT COURT #1700**  
 CITY-ST-ZIP **DALLAS TX 75201**

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

TITLE **D** ☐ Delete  
 NAME **WHEAT, DOUGLAS D**  
 STREET ADDRESS **300 CRESCENT COURT #1700**  
 CITY-ST-ZIP **DALLAS TX 75201**

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Diane K. Stumph**

Date

**4/29/01**

Daytime Phone #

**858-792-0711**

CR2E034 (10/00)