

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90075 034 ***150.00

DOCUMENT # P93000064428

1. Entity Name
AMERX HEALTH CARE CORP.

Principal Place of Business

1150 CLEVELAND STREET
410
CLEARWATER FL 33755
US

Mailing Address

1150 CLEVELAND STREET
410
CLEARWATER FL 33755
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
59-3201771

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, JAMES B
1150 CLEVELAND STREET
SUITE 410
CLEARWATER FL 33755

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.

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, 2002 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

TITLE **VPD** ☐ Delete
NAME **ANDERSON, JAMES B**
STREET ADDRESS **440 S GULFVIEW, BLVD, #1702N**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **DCOE** ☐ Delete
NAME **JOHN C. ANDERSON**
STREET ADDRESS **2350 NE COACHMAN RD**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPD** ☒ Change ☐ Addition
NAME **JAMES B. ANDERSON**
STREET ADDRESS **424 CYPRESS VIEW DRIVE**
CITY-ST-ZIP **OLDSMAR FL 34677**

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

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

James B. Anderson

Date

1/15/02

Daytime Phone #

727-443-0530

CR2E034 (9/01)