

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000006578

1. Entity Name  
ADVANTAGE MEDICAL RECOVERY SERVICES, INC.

Principal Place of Business

804 E HWY 574  
STE B  
SEFFNER FL 33584

Mailing Address

PO BOX 16911  
TAMPA FL 33687

2. Principal Place of Business

201 SEFFNER AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

SEFFNER, FL

City &amp; State

Zip 33584 Country USA

Zip

Country

4. FEI Number

59-3221908

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

HOLLENBECK, CHARLES R  
1904 ELISE MARIE DR.  
SEFFNER FL 33584-1427

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.

DATE

2/20/02

(NOTE: Registered Agent signature required when reinstating)

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 State10. 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

CR2E034 (9/01)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLENBECK, CHARLES R 804 E HWY 574 STE B SEFFNER FL 33584	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARROLL, FRANCES 804 E HWY 574 STE B SEFFNER FL 33584	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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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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

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:

CHUCK HOLLENBECK

2/20/02

813-684-6729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #