

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000006578

FILED
Jan 15, 2003
Secretary of State

Entity Name: ADVANTAGE MEDICAL RECOVERY SERVICES, INC.

Current Principal Place of Business:

201 SEFFNER AVE
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

PO BOX 16911
TAMPA, FL 33687

New Mailing Address:

FEI Number: 59-3221908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLENBECK, CHARLES R
1904 ELISE MARIE DR.
SEFFNER, FL 335841427 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOLLENBECK, CHARLES R
Address: 804 E HWY 574 STE B
City-St-Zip: SEFFNER, FL 33584

Title: VP () Delete
Name: CARROLL, FRANCES
Address: 804 E HWY 574 STE B
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CARROLL, FRANCIS
Address: 804 E HWY 574 STE B
City-St-Zip: SEFFNER, FL 33584

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES R. HOLLENBECK

PRES

01/15/2003

Electronic Signature of Signing Officer or Director

Date