

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000030938

FILED
Apr 11, 2003
Secretary of State

Entity Name: AMBULANCE REIMBURSEMENT SERVICES, INC.

Current Principal Place of Business:

351 S. CYPRESS ROAD
SUITE 400
POMPANO BEACH, FL 330607167

New Principal Place of Business:

Current Mailing Address:

351 S. CYPRESS ROAD
SUITE 400
POMPANO BEACH, FL 330607167

New Mailing Address:

FEI Number: 65-0491415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, MALCOLM M
351 S. CYPRESS ROAD
SUITE 400
POMPANO BEACH, FL 330607167

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: P () Delete
Name: COHEN, MALCOLM
Address: 351 S. CYPRESS ROAD SUITE 400
City-St-Zip: POMPANO BEACH, FL 330607167

Title: VS () Delete
Name: COHEN, MITCHELL
Address: 351 S. CYPRESS ROAD SUITE 400
City-St-Zip: POMPANO BEACH, FL 330607167

Title: V () Delete
Name: COHEN, ANDREW
Address: 351 S. CYPRESS ROAD SUITE 400
City-St-Zip: POMPANO BEACH, FL 330607167

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MALCOLM COHEN

P

04/11/2003

Electronic Signature of Signing Officer or Director

Date