2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 AM
Secretary of State

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Entity Name: AMERICAN MEDICAL APPRAISAL, INC.

Current Principal Place of Business:

2005 PAN AM CIRCLE STE 500
TAMPA, FL 33607

New Principal Place of Business:

6707 N. HIMES AV
TAMPA, FL 33614

Current Mailing Address:

P.O. BOX 9001
TAMPA, FL 33674

New Mailing Address:

FEI Number: 59-3380892 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORNELIUS, JUDITH
2005 PAN AM CIRCLE STE 500
TAMPA, FL 33607

Name and Address of New Registered Agent:

CORNELIUS, JUDITH
6707 N. HIMES AV
TAMPA, FL 33614

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: _____ 05/01/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CARDIN, CHRISTINE
Address: 2005 PAN AM CIRCLE STE 500
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: IANNONE, ELIZABETH
Address: 15321 BURBANK DRIVE
City-St-Zip: SPRING HILL, FL 34609

Title: D ( ) Delete
Name: CORNELIUS, JUDITH
Address: 2005 PAN AM CIRCLE STE 500
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CARDIN, CHRISTINE
Address: 6707 N. HIMES AV
City-St-Zip: TAMPA, FL 33614

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

Title: D (X) Change ( ) Addition
Name: CORNELIUS, JUDITH
Address: 6707 N. HIMES AV
City-St-Zip: TAMPA, FL 33614

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: CHRISTINE R. CARDIN DIR 05/01/2002
Electronic Signature of Signing Officer or Director — Date