

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 30, 2000 8:00 am
Secretary of State

04-27-2000 90128 012 ***150.00

DOCUMENT # EMERALD Isle Medical Service INC

1. Entity Name 7701 NW. 37th Street
Hollywood Fla, 33024
P 96000037843

Principal Place of Business 7701 NW 37th St
Hollywood Fla 33024

Mailing Address 7701 NW 37th St
Hollywood Fla 33024

2. Principal Place of Business AS ABOVE

3. Mailing Address AS ABOVE

City & State _____ **City & State** _____

Zip _____ **Zip** _____ **Country** _____ **Country** _____

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0663695
796000037843

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

6. Name and Address of Current Registered Agent

MALCOLM J. CALLAHAN
7701 NW. 37th St.
Hollywood Fla 33024

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 MALCOLM J. CALLAHAN *Malcolm J Callahan* 4-19-00

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) ☒ **OWNER-DIRECTOR**

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MALCOLM J CALLAHAN			NONE	
STREET ADDRESS	7701 NW 37th St		STREET ADDRESS		
CITY-ST-ZIP	Hollywood FL 33024		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	Margaret Callahan				
STREET ADDRESS	7701 NW 37th St		STREET ADDRESS		
CITY-ST-ZIP	Hollywood Fla 33024		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Malcolm J Callahan* 5/23/00 954.797.0386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)