

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90371 045 \*\*\*158.75

**DOCUMENT # P96000037843**

1. Entity Name

**EMERALD ISLE MEDICAL SERVICES, INC.**

Principal Place of Business

**7701 N.W. 37TH STREET  
 HOLLYWOOD FL 33024**

Mailing Address

**7701 N.W. 37TH STREET  
 HOLLYWOOD FL 33024**

2. Principal Place of Business

**6931 SW 58 Ct**

3. Mailing Address

**6931 SW 58 COURT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**DAVIE Florida**

City & State

**DAVIE Florida**

Zip

**33314**

Country

**BROWARD**

Zip

**33314**

Country

**BROWARD**

4. FEI Number

**65-0663695**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

**A \$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CALLAHAN, M. JOSEPH  
 7701 N.W. 37TH STREET  
 HOLLYWOOD FL 33024**

7. Name and Address of New Registered Agent

**CALLAHAN, M. Joseph  
 6931 SW 58 COURT  
 DAVIE FL 33314**

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

**M. Joseph Callahan**

**3/22/02**

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) ☒

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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

**P CALLAHAN, M.J.  
 7701 N.W. 37TH STREET  
 HOLLYWOOD FL 33024** ☒ Delete

**VP CALLAHAN, MARGARET  
 7701 N.W. 37TH STREET  
 HOLLYWOOD FL 33024** ☒ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**CALLAHAN M.J.  
 6931 SW 58 COURT  
 DAVIE Fla 33314** ☒ Change ☐ Addition

**CALLAHAN MARGARET  
 6931 SW 58 COURT  
 DAVIE FLA 33314** ☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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: M. Joseph Callahan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/22/02 7970386**

Date

Daytime Phone #

CR2E034 (9/01)