

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082053

1. Entity Name

AMERICAN MEDICAL SPECIALTIES, INC.

FILED

00 JUL 26 AM 9:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

3542 MORRIS ST. N.
ST. PETERSBURG, FL
33713

Mailing Address

3542 MORRIS ST. N.
ST. PETERSBURG, FL
33713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

AMENDED \$61.25

4. FEI Number

65-0713302

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PROCTOR, MICHIE
9741 BERECHAH DR
HOLLYWOOD, FL 33024

7. Name and Address of New Registered Agent

Name ROD GILBERT

Street Address (P.O. Box Number is Not Acceptable)

3542 MORRIS STREET, NORTH

City ST. PETERSBURG

FL

Zip Code 33713

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

Rod Gilbert

ROD GILBERT

24 JULY, 2000

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, 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

TITLE DPST
NAME PROCTOR, MICHIE PH.D
STREET ADDRESS 9741 BERECHAH DRIVE
CITY-ST-ZIP HOLLYWOOD, FL 33024 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST
NAME PAUL L. SIMMONS
STREET ADDRESS 3542 MORRIS STREET, NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33713 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

Paul L. Simmons

PAUL L. SIMMONS

24 JULY, 2000

800-645-1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

KE