2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000006560 (1)

1. Entity Name AA TRAUMA CLEANING SERVICE, INC.

FILED
01 MAY -3 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2718 N. STATE RD. 7 SUITE # 133 MARGATE, FL 33063	2718 N. STATE RD. 7 SUITE # 133 MARGATE, FL 33063

2. Principal Place of Business	3. Mailing Address
5500 N.W. 15th ST.	5500 N.W. 15th ST.
Suite, Apt. #, etc.: M-4	Suite, Apt. #, etc.: M-4
City & State: MARGATE, FL	City & State: MARGATE, FL
Zip: 33063 / Country: USA	Zip: 33063 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0720832 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOUGHERTY, JOAN 2718 N. STATE RD. # 7 SUITE # 133 MARGATE, FL 33063	Name: Street Address (P.O. Box Number is Not Acceptable): 5500 N.W. 15th ST. SUITE #M-4 City: MARGATE, FL FL Zip Code: 33063

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: P. Joan Dougherty
(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, 2001 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: PTSD NAME: DOUGHERTY, JOAN STREET ADDRESS: 2718 N. STATE RD. # 7 #133 CITY-ST-ZIP: MARGATE, FL 33063 ☐ Delete	TITLE: NAME: STREET ADDRESS: 5500 N.W. 15th ST. # M-4 CITY-ST-ZIP: MARGATE, FL 33063 ☒ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete	TITLE: NAME: 300004275083--3 STREET ADDRESS: -05/21/01--01197--007 CITY-ST-ZIP: ****300.00 ****300.00 ☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: SP ☐ 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: P. Joan Dougherty — 4/25/01 — 954 346-7288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/00)