

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90043 036 ***150.00

DOCUMENT # P97000045657

1. Entity Name
ACCUMED SERVICES, INC.

Principal Place of Business

**218 2ND WAY
 WEST PALM BEACH FL 33407**

Mailing Address

**218 2ND WAY
 WEST PALM BEACH FL 33407**

2. Principal Place of Business

2080 NW BOCA RATON BLVD #6 2080 NW BOCA RATON FL

Suite, Apt. #, etc.

#6

City & State
BOCA RATON FL

Zip
33431

Country
USA

3. Mailing Address

Suite, Apt. #, etc.

#6

City & State
BOCA RATON FL

Zip
33431

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0758457**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MULLIN, JAMES G
 2263 N.W. BOCA RATON BLVD.#205
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name **MULLIN, JAMES G**
 Street Address (P.O. Box Number is Not Acceptable)
2080 NW BOCA RATON BLVD
SUITE 6
 City **BOCA RATON** FL **33431**

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 **MULLIN, JAMES G** DATE **4-10-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE **D** ☐ Delete
 NAME **FALCONE, TONI**
 STREET ADDRESS **218 2ND WAY**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **FALCONE, TONI**
 STREET ADDRESS **2080 NW BOCA RATON BLVD #6**
 CITY-ST-ZIP **BOCA RATON FL 33431**

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

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

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TITLE ☐ Change ☐ Addition
 NAME
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 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: **Toni Falcone**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-10-01** Daytime Phone # **561 750-8299**

CR2E034 (10/00)