

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90128 024 \*\*\*150.00

0083746 AV

**DOCUMENT # P97000073551**

1. Entity Name

**A & W MEDICAL SERVICES INCORPORATED**



Principal Place of Business

**11043 180TH CT SOUTH  
 BOCA RATON FL 33498**

Mailing Address

**11043 180TH CT SOUTH  
 BOCA RATON FL 33498**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0769613**

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

**ARTZ, HENRY R**

**11043 180TH CT SOUTH  
 BOCA RATON FL 33498**

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

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 ☐ Delete  
 NAME **VPT**  
 STREET ADDRESS **ARTZ, S K**  
 CITY-ST-ZIP **11043 150 CTS  
 BOCA RATON FL 33498**

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

TITLE ☐ Delete  
 NAME **PS**  
 STREET ADDRESS **ARTZ, H R**  
 CITY-ST-ZIP **11043 180TH CT S  
 BOCA RATON FL 33498**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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: [Signature] ARTZ**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/5/01 561 479 3395**

CR2E034 (5/01)

Attachment  
Doc# P97000073551  
C0078877

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

July 5, 2001

Dear Sir:

For whatever reason, this is the second year that your first Uniform Business Report filing notice was not received by us. Last year, our accountant happened to mention that our report filing was due, so we copied the previous year and submitted that to you with our check. This year, we were not aware that it was due until we received your second sixty-day notice, so in effect, this was really our first notice. Next year we will mark our calendar, but we're hoping we'll receive your first notice at that time.

Enclosed is our 2001 UBR (Document # P97000073551) for A & W Medical Services Incorporated and a check for \$150. You may contact us at 561-479-3395 if you have any questions.

Sincerely,



Henry R. Artz  
11043 180<sup>th</sup> Court South  
Boca Raton, FL 33498