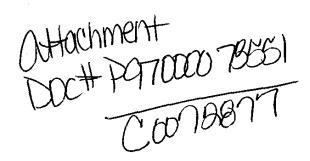
FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 10, 2001 8:00 am P97000073551 DOCUMENT # **Secretary of State** 1. Entity Name A & W MEDICAL SERVICES INCORPORATED 07-10-2001 90128 024 ***150.00 Mailing Address Principal Place of Business 11043 180TH CT SOUTH 11043 180TH CT SOUTH 00074077 **BOCA RATON FL 33498 BOCA RATON FL 33498** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0769613 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired **Fee Required** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARTZ, HENRY R Street Address (P.O. Box Number is Not Acceptable) 11043 180TH CT SOUTH **BOCA RATON FL 33498** Zip Code City FL 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 . DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE **VPT** ☐ Delete TITLE ARTZ, S K NAME STREET ADDRESS 11043 150 CTS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33498** CITY-ST-ZIP Change ☐ Addition TITLE PS ☐ Delete NAME artz, h r STREET ADDRESS STREET ADDRESS 11043 180TH CT S CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33488** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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.



Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FI 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 <u>first</u> 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 180th Court South Boca Raton, FL 33498

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