2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P97000086498 **DOCUMENT #**

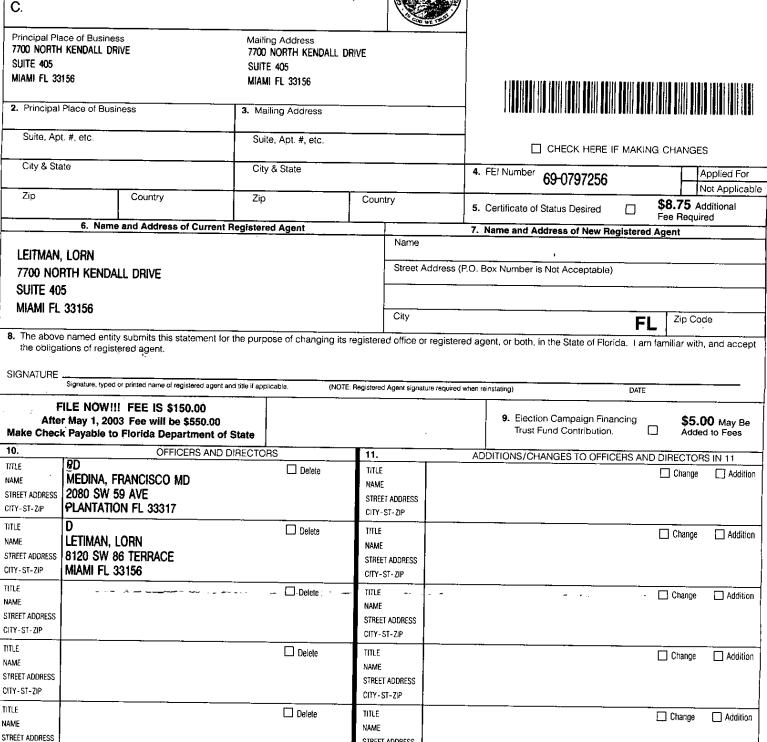
1. Entity Name

ACUTE CARE MEDICAL SERVICES OF SOUTH FLORIDA, IN



FILED Mar 04, 2003 8:00 am Secretary of State

03-04-2003 90068 038 ***150.00



12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

-Unc SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Addition

Change