

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009997

1. Entity Name

EXECUTIVE MEDICAL SERVICES, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90079 040 ***150.00

Principal Place of Business

Mailing Address

401 FOUNTAINHEAD CIRCLE
#149
KISSIMMEE FL 34741

401 FOUNTAINHEAD CIRCLE
#149
KISSIMMEE FL 34741-3244

2. Principal Place of Business

720 W. OAK STREET

3. Mailing Address

720 W. OAK STREET

Suite, Apt. #, etc.

#114

Suite, Apt. #, etc.

#114

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

Zip

34741

Country

OSCEOLA

Zip

34741

Country

OSCEOLA

4. FEI Number

59-3497811

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

ANWER, MOHAMMAD BADAR M.D.
401 FOUNTAINHEAD CIRCLE
#149
KISSIMMEE FL 34741

Name ANWER, MOHAMMAD BADAR M.D.

Street Address (P.O. Box Number is Not Acceptable)

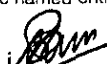
720 W. OAK STREET, #114

City KISSIMMEE

FL

Zip Code 34741

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  MOHAMMAD BADAR ANWER

2/3/2000

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D ANWER, MOHAMMAD BADAR M.D. 401 FOUNTAINHEAD CIRCLE, #149 KISSIMMEE FL 34741	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ANWER, MOHAMMAD BADAR M.D. 720 W. OAK STREET #114 KISSIMMEE, FL 34741	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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:  MOHAMMAD BADAR ANWER M.D.

2/3/2000

407-870-9992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)