2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State
03-01-2000 90079 040 ***150.00

DOCUMENT # P98000009997

1. Entity Name

EXECUTIVE MEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address
401 FOUNTAINHEAD CIRCLE #149 KISSIMMEE FL 34741	401 FOUNTAINHEAD CIRCLE #149 KISSIMMEE FL 34741-3244

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
720 W. OAK STREET	720 W. OAK STREET
Suite, Apt. #, etc. ~~#49~~ 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

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

7. Name and Address of New Registered Agent

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 [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	DIRECTOR ANWER, MOHAMMAD BADAR M.D. 720 W. OAK STREET #114 KISSIMMEE, FL 34741 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] 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 #