

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099007

1. Entity Name

ALWAYS AVAILABLE MEDICAL SERVICES, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90072 004 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7601 E TREASURE DRIVE #2117 NORTH BAY VILLAGE FL 33141 US	7601 E TREASURE DRIVE #2117 NORTH BAY VILLAGE FL 33141-4369 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	65-0879004	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BAINS, YADVINDER S 7601 E TREASURE DRIVE #2117 NORTH BAY VILLAGE FL 33141

7. Name and Address of New Registered Agent		
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 <u><i>Yadvinder S Bains</i></u> (NOTE: Registered Agent signature required when reinstating)	DATE <u>3/10/00</u>

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: <u><i>Yadvinder S Bains</i></u>	DATE <u>3/10/00</u>	DAYTIME PHONE # <u>305 483 9641</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034 (9/99)