

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061246

1. Entity Name

ABSOLUTE MEDICAL SERVICES CORP.

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

03-24-2000 90123 048 ***150.00

Principal Place of Business

3864 HIDDEN ACRES CIRCLE
NORTH FT MYERS FL 33903

Mailing Address

POST OFFICE BOX 1565
FORT MYERS FL 33902-1565

2. Principal Place of Business

390 DONNELLA Rd. #6

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH FT. MYERS, FLA.

City & State

4. FEI Number

65-0939243

Applied For

Not Applicable

Zip

33903

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

KEITH WIESE

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

3869 Hidden Acres Circle

City

NORTH FT. MYERS

FL

Zip Code

33903

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

KEITH E. WIESE

Keith E. Wiese / Pres

3-22-00

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

TITLE PTD ☐ Delete
NAME WIESE, KEITH E
STREET ADDRESS 3864 HIDDEN ACRES CIRCLE
CITY-ST-ZIP NORTH FT MYERS FL 33903

TITLE SVD ☐ Delete
NAME PODOWSKI, MICHAEL J
STREET ADDRESS 3864 HIDDEN ACRES CIRCLE
CITY-ST-ZIP NORTH FT MYERS FL 33903

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☒ Change ☐ Addition
NAME WIESE, KEITH E
STREET ADDRESS 3869 HIDDEN ACRES CIRCLE
CITY-ST-ZIP NORTH FT. MYERS, FL. 33903

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-08-00 (941) 995-5580

CR25034 (9/99)