

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

0190165
 AV

03-13-2002 90011 045 ***150.00

DOCUMENT # P99000061246

1. Entity Name
ABSOLUTE MEDICAL SERVICES CORP.

Principal Place of Business

390 PONSELLA RD
#6
NORTH FT MYERS FL 33903
US

Mailing Address

POST OFFICE BOX 1565
FORT MYERS FL 33902-1565



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7222 TAFT STREET

3. Mailing Address

P.O. BOX 848157

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FLORIDA

City & State

Hollywood, FLORIDA

4. FEI Number

65-0939243

Applied For

☒ **Not Applicable**

Zip

33024

Country

USA

Zip

33084

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WIESE, KEITH
3869 HIDDEN ACRES CIRCLE
N FORT MYERS FL 33903

7. Name and Address of New Registered Agent

Name

WIESE, MELISA

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

1820 SW 124 WAY

City MIRAMAR

FL

Zip Code

33027

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 MELISA WIESE

Melisa Wiese

3-01-02

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, 2002 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
NAME WIESE, KEITH E ☐ Delete
STREET ADDRESS 3869 HIDDEN ACRES CIRCLE
CITY-ST-ZIP NORTH FT MYERS FL 33903

TITLE SVD
NAME PODOWSKI, MICHAEL J ☒ Delete
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 P/S/V/T/D ☒ Change ☐ Addition
NAME WIESE, KEITH E.
STREET ADDRESS 1820 S.W. 124 WAY
CITY-ST-ZIP MIRAMAR, FL. 33027

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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: KEITH E WIESE *Keith E Wiese*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-01-02

Date

954-559-2302

Daytime Phone #

CR2E034 (9/01)