2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003
Secretary of State

DOCUMENT# P99000061246

Entity Name: ABSOLUTE MEDICAL SERVICES CORP.

Current Principal Place of Business:

7222 TAFT STREET
HOLLYWOOD, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 848157
HOLLYWOOD, FL 33084 US

New Mailing Address:

FEI Number: 65-0939243 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WIESE, MELISA
1820 SW 124 WAY
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

WIESE, MELISA
8841 SUNRISE LAKE BLVD.
BLDG 68 APT 204
SUNRISE, FL 33322 US

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: 01/08/2003
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSVT ( ) Delete
Name: WIESE, KEITH E
Address: 1820 SW 124 WAY
City-St-Zip: MIRAMAR, FL 33027

Title: TD ( ) Delete
Name: WIESE, KEITH E
Address: 1820 SW 124 WAY
City-St-Zip: MIRAMAR, FL 33027

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WIESE, KEITH E
Address: PO BOX 200
City-St-Zip: TOWNVILLE, SC 29689

Title: V (X) Change ( ) Addition
Name: WIESE, MELISA G
Address: PO BOX 200
City-St-Zip: TOWNVILLE, SC 29689

Title: S ( ) Change (X) Addition
Name: WIESE, KEITH E
Address: PO BOX 200
City-St-Zip: TOWNVILLE, SC 29689

Title: D ( ) Change (X) Addition
Name: WIESE, MELISA G
Address: PO BOX 200
City-St-Zip: TOWNVILLE, SC 29689

Title: T ( ) Change (X) Addition
Name: WIESE, MELISA G
Address: PO BOX 200
City-St-Zip: TOWNVILLE, SC 29689

Title: T ( ) Change (X) Addition
Name: WIESE, KEITH E
Address: PO BOX 200
City-St-Zip: TOWNVILLE, SC 29689

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISA G WIESE VTD 01/08/2003
Electronic Signature of Signing Officer or Director — Date