## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 20, 2001 8:00 am Secretary of State DOCUMENT # P99000072876 . EMPLOYEE MEDICAL SERVICES, INC. 03-20-2001 90041 003 \*\*\*150.00 Mailing Address Principal Place of Business 12120 CORTEX BLVD 12120 CORTEX BLVD **BROOKSVILLE FL 34613 BROOKSVILLE FL 34613 UUUUUUUU**() 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3594873 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOGAN, THOMAS S JR. Street Address (P.O. Box Number is Not Acceptable) 20 S. BROARD STREET BROOKSVILLE FL 34601 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change Delete TITLE TITLE NAME BARFIELD, BARBARA NAME STREET ADDRESS STREET ADDRESS 8330 LAFITTE DRIVE CITY-ST-ZIP CITY-ST-ZIP **HUDSON FL 34667** ☐ Change ☐ Addition Delete TITLE TITLE HAUSMESSER, SUSANNE NAME NAME STREET ADDRESS STREET ADDRESS 9035 GRANT STREET CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34613** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP

3. 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

3-16·01 *(35*2)596·8700

**FILED** 

Daytime Phone