

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91400 005 \*\*\*150.00

031312 AV

DOCUMENT # **V15774**

1. Entity Name  
**ALL MED HEALTH SYSTEMS, INC.**



Principal Place of Business  
**12000 BISCAYNE BLVD**  
**509**  
**N MIAMI FL 33181**  
**US**

Mailing Address  
**12000 BISCAYNE BLVD**  
**509**  
**N MIAMI FL 33181**  
**US**



2. Principal Place of Business  
**230 N. Dixie Highway**  
Suite, Apt. #, etc.  
**Bay 26**

3. Mailing Address  
**230 N. Dixie Hwy**  
Suite, Apt. #, etc.  
**Bay 26**

City & State  
**Hollywood, FL**  
Zip  
**33020**  
Country  
**USA**

City & State  
**Hollywood, FL**  
Zip  
**33020**  
Country  
**USA**

4. FEI Number **65-0314878**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**PICKARD, ED**  
**12000 BISCAYNE BLVD**  
**STE 509**  
**N MIAMI FL 33181**

**7. Name and Address of New Registered Agent**

Name **PAUL HEIGHT**  
Street Address (P.O. Box Number is Not Acceptable)  
**230 NORTH Dixie Hwy Bay 26**  
**Hollywood, Florida 33020**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Paul T. Height - President**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**4/24/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PICKARD, ED</b> <b>1947 NW 130TH AVE</b> <b>PEMBROKE PINES FL 33028</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Pickard, Ed</b> <b>1947 NW 130th Ave</b> <b>Pembroke Pines, FL 33028</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Paul Height</b> <b>230 North Dixie Hwy Bay 26</b> <b>Hollywood, FL 33020</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/03**

**954-342-5415**

Date Daytime Phone #

CP2E034 (10/02)