

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V39047**

1. Entity Name

ACCOUNTING & MEDICAL SERVICE OF TALLAHASSEE, INC**FILED****Apr 27, 2001 8:00 am**
Secretary of State

04-27-2001 90256 015 ***150.00

Principal Place of Business

**373 B E. JEFFERSON STREET
QUINCY FL 32351
US**

Mailing Address

**373 E. JEFFERSON ST.
QUINCY FL 32351
US**

00034100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3123176**

Applied For

No: Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, BARBARA
373A E JEFFERSON STREET
QUINCY FL 32351**

Name

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

City

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	JOHNSON, CHARLES	88 FRIDAY RD	QUINCY FL 32351	<input type="checkbox"/> Delete			
D	COOPER, NINA K	373 E JEFFERSON ST	QUINCY FL 32351	<input type="checkbox"/> Delete			
Secretary Treasurer				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		372 Dogwood Trail		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
Secretary - Treasurer	Barbara Johnson	372 Dogwood Trail	Quincy, FL 32351	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *A. Charles Johnson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4-23-01 (850) 627-7445
Date Daytime Phone #

CP2E034 (10/00)