

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V39047

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: ACCOUNTING & MEDICAL SERVICE OF TALLAHASSEE, INC

Current Principal Place of Business:

373 B E. JEFFERSON STREET
QUINCY, FL 32351 US

New Principal Place of Business:

Current Mailing Address:

373 E. JEFFERSON ST.
QUINCY, FL 32351 US

New Mailing Address:

FEI Number: 59-3123176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, CHARLES
Address: 372 DOGWOOD TRAIL
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: COOPER, NINA K
Address: 373 E JEFFERSON ST
City-St-Zip: QUINCY, FL 32351

Title: ST () Delete
Name: JOHNSON, BARBARA
Address: 372 DOGWOOD TRAIL
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: JOHNSON, BARBARA A
Address: 372 DOGWOOD TRAIL
City-St-Zip: QUINCY, FL 32351

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: CHARLES JOHNSON

P

04/29/2002

Electronic Signature of Signing Officer or Director

Date