

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90090 042 \*\*\*150.00

0695707 AT

**DOCUMENT # F96000004009**

1. Entity Name  
**ACS FEDERAL HEALTHCARE, INC.**



Principal Place of Business  
**2828 N. HASKELL AVENUE  
BLDG. 1. 10TH FLOOR  
DALLAS TX 75204  
US**

Mailing Address  
**2828 N. HASKELL AVENUE  
BLDG. 1. 10TH FLOOR  
DALLAS TX 75204  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**One Curie Court**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**Rockville, MD**

City & State

4. FEI Number  
**52-1069745**

Applied For  
 Not Applicable

Zip  
**20850**

Country  
**USA**

Zip

Country

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RICH, JEFFREY A</b> <b>2828 N. HASKELL, FL-10</b> <b>DALLAS TX 75204</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>LEWIS, WAYNE R</b> <b>2828 N. HASKELL, FL-10</b> <b>DALLAS TX 75204</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>DECKELMAN, JR., WILLIAM L</b> <b>2828 N. HASKELL, FL-10</b> <b>DALLAS TX 75204</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>VINEYARD, NANCY</b> <b>2828 N. HASKELL AVENUE</b> <b>DALLAS TX 75204</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>REXFORD, JOHN</b> <b>2828 N. HASKELL, FL-10</b> <b>DALLAS TX 75204</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RYAN, PAUL</b> <b>2828 N. HASKELL AVENUE</b> <b>DALLAS TX 75204</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Ryan, Paul</b> <b>One Curie Court</b> <b>Rockville, MD 20850</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
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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:** Wayne R. Lewis **Wayne R. Lewis, Assist. Secretary** **4/4/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)