2001	UNIFORM BUS	NESS REPO	RT (UBI	R) FILED
DOCUMENT # P93000068276  1. Entity Name CHOICE REFERRAL SERVICES, INC.				Aug 15, 2001 08:00 AM Secretary of State
Principal Place 1412 57TH ST. N/A BRADENTON 34208	e of Business E. FL US	Mailing Address P.O. BOX 157 N/A BRADENTON 342060157	FL US	
2. Principal P	lace of Business	3. Mailing Address		-
Suite, Apt. #, etc. ste. 210		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & Stat	FL	City & State		4. FEI Number Applied For 65-0444451 Not Applicable
Zip 34208	Country Us  6. Name and Address of Current	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required  7. Name and Address of New Registered Agent
PERRY GREGORY B 1412 57TH ST E  BRADENTON FL 34208				Address (P.O. Box Number is Not Acceptable) STH AVE. DR. W.  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   GREGORY B. PERRY  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State				
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS WALSH E 1412 57TH ST E BRADENTON	☐ Delete FL 34208	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY GREGORY B 1412 57TH ST. E BRADENTON	□ Delefe ,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRADENTON FL 34207  D
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: GREGORY B. PERRY D				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daylime Phone #				