

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000001953

FILED
Jan 06, 2003
Secretary of State

Entity Name: MED3000 CLINICAL SOLUTIONS, INC.

Current Principal Place of Business:

680 ANDERSON DR.
FOSTER PLAZA 10
PITTSBURGH, PA 15220

New Principal Place of Business:

Current Mailing Address:

6160 NORTH DAVIS HWY SUITE 12
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 51-0379836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YATES, ROBERT
6160 N. DAVIS HWY. SUITE 12
PENSACOLA, FL 32504 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAMPSON, PATRICK
Address: 680 ANDERSEN DR. FOSTER PLAZA 10
City-St-Zip: PITTSBURGH, PA 15220

Title: V () Delete
Name: MCLEOD, PAUL MD
Address: 5020 COMMERCE PARK CIRCLE
City-St-Zip: PENSACOLA, FL 32505

Title: S () Delete
Name: ROSLIN, MATT
Address: 680 ANDERSEN DR. FOSTER PLAZA 10
City-St-Zip: PITTSBURGH, PA 15220

Title: T () Delete
Name: DILLON, DAVE
Address: 680 ANDERSEN DR. FOSTER PLAZA 10
City-St-Zip: PITTSBURGH, PA 15220

Title: D () Delete
Name: YATES, ROBERT
Address: 6160 NORTH DAVIS HWY. SUITE 12
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: ROBERT YATES

D

01/06/2003

Electronic Signature of Signing Officer or Director

Date