

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90059 046 ***150.00

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1. Entity Name
UNITED CLINICAL SERVICES, INC.



Principal Place of Business
**409 EAST DOYLE STREET
TOCCOA, GA 30577**

Mailing Address
**409 EAST DOYLE STREET
TOCCOA, GA 30577**



03032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0731125

Applied For
Not Applicable

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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	CEOC PRUITT, NEIL L JR. 409 EAST DOYLE STREET TOCCOA, GA 30577
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PRUITT, NANCY W 409 EAST DOYLE STREET TOCCOA, GA 30577
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO WREN, GREGORY M 409 EAST DOYLE STREET TOCCOA, GA 30577
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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