


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000003824 1. Entity Name UNITED CLINICAL SERVICES, INC.	
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Principal Place of Business 409 EAST DOYLE STREET TOCCOA, GA 30577	Mailing Address 409 EAST DOYLE STREET TOCCOA, GA 30577
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04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0731125	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	

DO NOT WRITE IN THIS SPACE

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05/04/05-80058-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4-25-05**
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #