2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# F02000003824

Entity Name: UNITED CLINICAL SERVICES, INC.

Current Principal Place of Business:

211 EAST DOYLE
TOCCOA, GA 30577 US

New Principal Place of Business:

1626 JEURGENS COURT
NORCROSS, GA 30093 US

Current Mailing Address:

211 EAST DOYLE
TOCCOA, GA 30577 US

New Mailing Address:

FEI Number: 01-0731125 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CEOC ( ) Delete
Name: PRUITT, NEIL L JR.
Address: 211 EAST DOYLE STREET
City-St-Zip: TOCCOA, GA 30577

Title: SD ( ) Delete
Name: PRUITT, NANCY W
Address: 211 EAST DOYLE STREET
City-St-Zip: TOCCOA, GA 30577

Title: CFO ( ) Delete
Name: WREN, GREGORY M
Address: 211 EAST DOYLE STREET
City-St-Zip: TOCCOA, GA 30577

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOC (X) Change ( ) Addition
Name: PRUITT, NEIL L JR.
Address: 1626 JEURGENS COURT
City-St-Zip: NORCROSS, GA 30093

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

Title: CFO (X) Change ( ) Addition
Name: WREN, GREGORY M
Address: 1626 JEURGENS COURT
City-St-Zip: NORCROSS, GA 30093

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GREGORY M. WREN CFO 04/22/2009

Electronic Signature of Signing Officer or Director Date