## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UB**

## F02000003824 DOCUMENT #

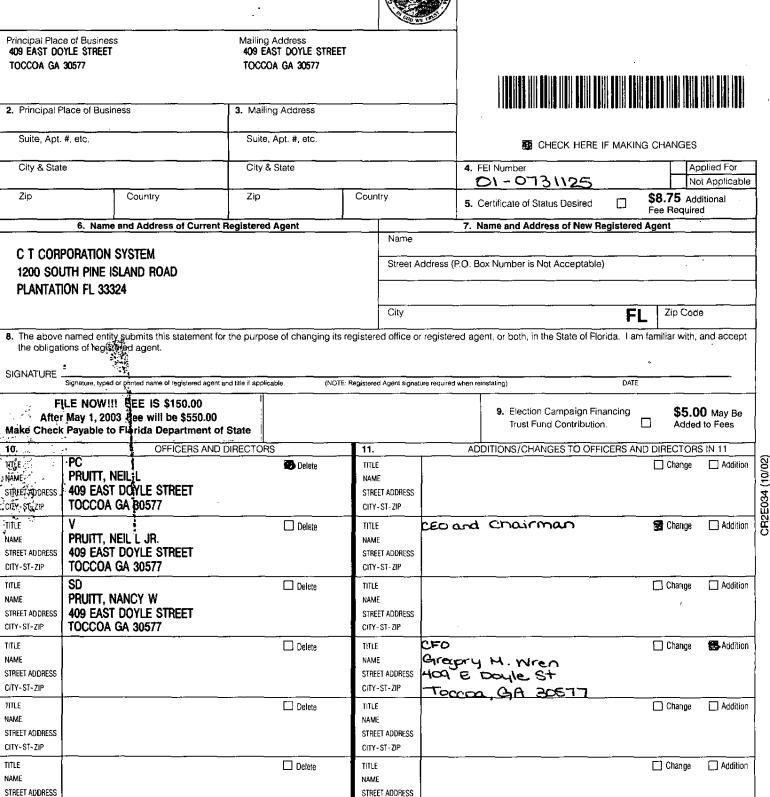
1. Entity Name UNITED CLINICAL SERVICES, INC.



## 8:00 am State

\*150.00

R)	May 05, 2003 8
	Secretary of \$ 05-05-2003 90264 036 **



12. I hereby certify that the information supplied with this filling 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 change 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an add ess, with all other like empowere

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

Date Daytime Phone #