2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90257 009 ***150.00

DOCUMENT # F02000005159

1. Entity Name
DISTINCTIVE HEALTHCARE SERVICES, INC.

Principal Place of Business	Mailing Address
900 ONE COLUMBUS CENTER VIRGINIA BEACH, VA 23462	900 ONE COLUMBUS CENTER VIRGINIA BEACH, VA 23462

2. Principal Place of Business: 5301 Providence Rd	3. Mailing Address: 402 Reid Ave.
Suite, Apt. #, etc.: Suite 30	Suite, Apt. #, etc.:
City & State: Virginia Beach, VA	City & State: Port St Joe, FL
Zip: 23464 Country: US	Zip: 32456 Country: US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 31-1795141 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIBSON, THOMAS S
206 E. 4TH ST.
PORT ST. JOE, FL 32456

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP COX, JAMES ALLEN 402 REID AVE. PORT ST JOE, FL 32456 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST HARTLINE, JEFFREY L 900 ONE COLUMBUS CENTER VIRGINIA BEACH, VA 23462 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST Hartline, Jeffrey L 5301 Providence Rd, Ste 30 Virginia Beach, VA 23434 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] James A. Cox — 4/29/03 — (850) 227-7559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)