

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90018 012 ***150.00

DOCUMENT # F96000004345

1. Entity Name

PATIENT SUPPORT SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

87 NICOLE LANE

Suite, Apt. #, etc.

3. Mailing Address

87 NICOLE LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ATLANTIC BEACH, FL

City & State

ATLANTIC BEACH, FL

4. FEI Number

841149288

Applied For

Not Applicable

Zip

32233

Country

DUVAL

Zip

32233

Country

DUVAL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Law Offices of Dan W. Armstrong & Assoc., P.A.

Street Address (P.O. Box Number is Not Acceptable)

814 A1A North, Suite 306

City

Ponte Vedra Beach

FL

Zip Code
32082

8. This 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 Dan W. Armstrong, Esq.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/4/02

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
S/D
PATRICIA G. ARMSTRONG
87 NICOLE LANE
ATLANTIC BEACH, FL 32233

TITLE
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**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia G. Armstrong

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/02

DATE

904-247-0069

Daytime Phone