

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90010 011 ****61.25

DOCUMENT # N0100000695

1. Entity Name
AACEPAC, INC.

818890

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1000 Riverside Ave.

3. Mailing Address
1000 Riverside Ave.

Suite, Apt. #, etc.
Suite 205

Suite, Apt. #, etc.
Suite 205

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-3701281

Applied For
Not Applicable

Zip
32204

Country

Zip
32204

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Jones, Donald C.

Street Address (P.O. Box Number is Not Acceptable)
1000 Riverside Ave

Suite 205

City
Jacksonville

FL

Zip Code
32204

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PED GHARIB, HOSSEIN MD MAYO CLINIC, DESK WEST 18 ROCHESTER, MN 55905
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BERGMAN, DONALD MD 1199 PARK AVE, SUITE 1 NEW YORK, NY 10128
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HAMILTON, CARLOS R JR. MD 7000 FANNIN STREET #1535 HOUSTON, TX 77030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LAW, BILL JR. MD 1932 ALCOA HWY. SUITE 160 KNOXVILLE, TN 37920
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COBIN, RHODA H MD 44 GODWIN AVE MIDLAND PARK, NJ 07432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M JONES, DONALD C 1000 RIVERSIDE AVE, STE 205 JACKSONVILLE, FL 32204

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CR2E037B (12/01)

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald C Jones, CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-02 (904) 3537878

Date

Daytime Phone #