2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

PO BOX 3823

% DANIEL B. WILSON, LCSW

SAINT AUGUSTINE FL 32085

DOCUMENT # N43762

1. Entity Name

1440 CR 13 SOUTH

#419

Principal Place of Business

ST AUGUSTINE FL 32092

Suite, Apt. #, etc.

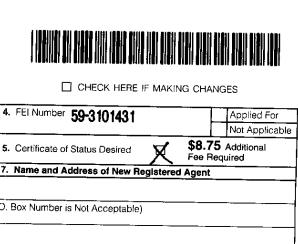
City & State

2. Principal Place of Business

A-1 HUMAN SERVICES OF FLORIDA, INC.



FILED Jan 10, 2003 8:00 am § Secretary of State 01-10-2003 90056 017 ****70.00



Exp	City & Sta	ate	City	& State	· · · · · · · · · · · · · · · · · · ·		4. FEI Number 5	9-3101431		Applied For
Signature	Zip	Country	Zio		Countr					Not Applicable
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WILSON, DANIEL B., LCSW 1440 CR 13 SO ST. AUGUSTINE FL 32092 City FL ZD Code City FL ZD C		6. Name and Address of Curre	nt Registered	Agent			7. Name and Add	ress of New Registere		
Signature 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 acc the obligations of registered agent. Signature	W/II CON	L DANIEL D. LOOM				lame				
ST. AUGUSTINE FL. 32092 City FL Zio Code						Street Address (P.O. Box Number is Not Acceptable)				
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SIGNATURE Signature, hypera or printed name of registered appert and title if applicable. (NOTE: Registered Agent signature required whon mentalaring)	8. The above	e named entity submits this statement	for the nurnos	e of changing its	ragistarad a	66			<u>- </u>	
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2. I hereby certify that the information cumplied with this fills.					CITY-ST-ZIP					

r nereby 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 changed, or on an attachment with an address, with all other like suppowered.

SIGNATURE:

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