


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90205 045 ***150.00

| | |
|--|---|
| DOCUMENT # P0000064817 |  |
| 1. Entity Name ECS OF UTAH, INC. | |

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|--|--|
| Principal Place of Business 500 WEST CYPRESS CREEK DRIVE SUITE 450 FT. LAUDERDALE FL 33309 | Mailing Address C/O LEGAL DEPT 2828 CROASDAILE DRIVE DURHAM NC 27705 |
|--|--|



MOORE CR2E034 (11/03)

| | |
|---|---|
| 2. Principal Place of Business 2828 CROASDAILE DRIVE Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|-----------------------------------|-----------------------|
| City & State DURHAM, NC | City & State |
| Zip 27705 | Country USA |

| | |
|---|--|
| 4. FEI Number 65-1020305 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | |

| | |
|--|-----------------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | Zip Code FL |

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

| | |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE DCEO | <input checked="" type="checkbox"/> Delete |
| NAME SCOTT, STEVEN M M.D. | |
| STREET ADDRESS 2828 CROASDAILE DRIVE | |
| CITY-ST-ZIP DURHAM NC 27705 | |
| TITLE PCEO | <input checked="" type="checkbox"/> Delete |
| NAME GREENMAN, JACK S | |
| STREET ADDRESS 2828 CROASDAILE DRIVE | |
| CITY-ST-ZIP DURHAM NC 27705 | |
| TITLE STD | <input checked="" type="checkbox"/> Delete |
| NAME WEGNER, ANITA S | |
| STREET ADDRESS 2828 CROASDAILE DRIVE | |
| CITY-ST-ZIP DURHAM NC 27705 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME STEPHEN J. DRESNICK, M.D. | |
| STREET ADDRESS 2828 CROASDAILE DRIVE | |
| CITY-ST-ZIP DURHAM, NC 27705 | |
| TITLE VS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME EUGENE F. DAUCHERT JR | |
| STREET ADDRESS 2828 CROASDAILE DRIVE | |
| CITY-ST-ZIP DURHAM, NC 27705 | |
| TITLE V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME TAMMY DAVIS | |
| STREET ADDRESS 2828 CROASDAILE DRIVE | |
| CITY-ST-ZIP DURHAM, NC 27705 | |
| TITLE T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME EILEEN E. SPOON | |
| STREET ADDRESS 2828 CROASDAILE DRIVE | |
| CITY-ST-ZIP DURHAM, NC 27705 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: Eugene F. Dauchert Jr **EUGENE F. DAUCHERT JR** Date: 4/8/04 919-383-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #