

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000077145**1. Entity Name
PREFERRED CLINICAL SERVICES, INC.

Principal Place of Business 6550 SW 12TH CT OCALA FL 34474	Mailing Address 6550 SW 12TH CT OCALA FL 34474
--	--

2. Principal Place of Business 1320 S.E. 25TH LOOP	3. Mailing Address 1320 S.E. 25TH LOOP
---	---

Suite, Apt. #, etc. SUITE 103	Suite, Apt. #, etc. SUITE 103
----------------------------------	----------------------------------

City & State OCALA FL	City & State OCALA FL
--------------------------	--------------------------

Zip 34474	Country US	Zip 34474	Country US
--------------	---------------	--------------	---------------

4. FEI Number
59-3664701
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**CORPORATION COMPANY OF MIAMI**
201 S BISCAIYNE BLVD, 1500 MIAMI CENTER**MIAMI FL 33131 US****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.

SIGNATURE _____ **04/18/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN TIMOTHY L	
STREET ADDRESS	6550 SW 12TH CT	
CITY-ST-ZIP	OCALA FL 34474	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATZ RITA J	
STREET ADDRESS	3755 S.E. 139TH STREET	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSH CAROLYN	
STREET ADDRESS	843 S.E. 131ST STREET	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN TIMOTHY L	
STREET ADDRESS	6550 SW 12TH CT	
CITY-ST-ZIP	OCALA FL 34474	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Timothy Sullivan

D/P

04/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)