

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000077145

FILED  
Apr 11, 2002 8:00 AM  
Secretary of State

Entity Name: PREFERRED CLINICAL SERVICES, INC.

## Current Principal Place of Business:

1320 S.E. 25TH LOOP  
SUITE 103  
OCALA, FL 34471 US

## New Principal Place of Business:

## Current Mailing Address:

1320 S.E. 25TH LOOP  
SUITE 103  
OCALA, FL 34471 US

## New Mailing Address:

FEI Number: 59-3664701

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI  
201 S BISCAYNE BLVD, 1500 MIAMI CENTER  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

SULLIVAN, TIMOTHY L  
5186 S.E. 37TH AVENUE  
OCALA, FL 34480 US

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: TIMOTHY L. SULLIVAN

04/11/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete  
Name: SULLIVAN, TIMOTHY L  
Address: 6550 SW 12TH CT  
City-St-Zip: OCALA, FL 34474

Title: S ( ) Delete  
Name: MATZ, RITA J  
Address: 3755 S.E. 139TH STREET  
City-St-Zip: SUMMERFIELD, FL 34491 US

Title: VP ( ) Delete  
Name: MARSH, CAROLYN  
Address: 843 S.E. 131ST STREET  
City-St-Zip: OCALA, FL 34480 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition  
Name: SULLIVAN, TIMOTHY L  
Address: 5186 S.E. 37TH AVENUE  
City-St-Zip: OCALA, FL 34480

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY L. SULLIVAN

D/P

04/11/2002

Electronic Signature of Signing Officer or Director

Date