FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State
03-19-2003 90120 032 ***150.00

DOCUMENT #

1. Entity Name
REVENUE CYCLE SOLUTIONS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5909 102 ND AVE N.	5909 102 ND AVE N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PINELLAS PARK, FL.	City & State: PINELLAS PARK, FL.
Zip: 33782 / Country: PINELLAS	Zip: 33782 / Country: PINELLAS

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1107517 — Applicable / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name: JOSEPH D. SARDELLI JR.
Street Address (P.O. Box Number is Not Acceptable): 5909 102 ND AVE N.
City: PINELLA PARK FL Zip Code: 33782

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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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution — **$5.00** May be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	JOSEPH D. SARDELLI JR.	NAME	
STREET ADDRESS	5909 102 ND AVE N.	STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK, FL. 33782	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JOSEPH D. SARDELLI JR PRESIDENT 3-15-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR