2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

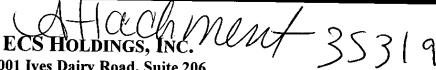
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05-08-2002 90137 047 ***150.00 1. Entity Name ECS IN-PATIENT SERVICES, INC. Principal Place of Business Mailing Address 1001 IVES DAIRY ROAD STE 206 1001 IVES DAIRY ROAD STE 206 NORTH MIAMI FL 33179 NORTH MIAMI FL 33179 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc-Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65- 112990 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHILLINGER, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 1001 IVES DAIRY ROAD STE 206 NORTH MIAMI FL 33179 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. SIGNÄTURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Einancing. Tax filing requirement and elects to do so. \$5:00·May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIT! E מיזיע ☐ Delete TITLE (8/07 ☐ Change NAME Schillinger, Jeffrey NAME STREET ADDRESS 1001 Ives Dairy Road STREET ADDRESS CR2E034 CITY-ST-ZIP CITY-ST-ZIP North Miami, FL 33179 TITLE PSD ☐ Delete TITLE ☐ Change ☐ Addition NAME Schillinger, David NAME STREET ADDRESS STREET ADDRESS 1001 Ives Dairy Road #206 CITY-ST-ZIP North Mismi, FL 33179 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z)P CITY-ST-ZIP TITLE Delete TIPLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete nne ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.

FILED

Jun 13, 2002 8:00 am Secretary of State





1001 Ives Dairy Road, Suite 206 North Miami, FL 33179 (305) 944-9990 / (305) 947-9990 fax (800) 222-2443

June 7, 2002

Division of Corporations Florida Department of State P.O. Box 1500 Tallahassee, Florida 32302-1500

Dear Sir or Madam:

Enclosed please find the following 2002 Uniform Business Reports which were returned to us due to the new registered agent not having accepted designation. We have determined at this time to continue the services of the current registered agents and, therefore, have deleted the change of registered agent information. Kindly process these forms as revised.

CORPORATION

REF. NO.-

ECS In-Patient Services, Inc.

ECS ER Physician Management, Inc..

Emergency Care Specialists of Texas, P.A.

ECS of Louisiana, a Professional Medical Corporation.

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Please advise us if there are any further issues concerning the filing of these reports. Thank you for your assistance and cooperation.

Sincerely,

Nancy K. Watkin

nany K. Wollin

Corporate Counsel

encl as stated