
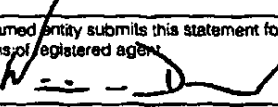



# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2003 8:00 am**  
**Secretary of State**

06-20-2003 90030 017 \*\*\*150.00

<b>DOCUMENT # P02000065828</b>					
1. Entity Name <b>DENNARD CLINICAL SPECIALTIES, INC.</b>					
Principal Place of Business <b>6531 CONVERSE ST FT MYERS FL 33919</b>			Mailing Address <b>6531 CONVERSE ST FT MYERS FL 33919</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>02-0584561</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DENNARD, WILLIAM</b> <b>6531 CONVERSE ST</b> <b>FT MYERS FL 33919</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Signature, typed or printed name of registered agent and title if applicable.</span> <span>(NOTE: Registered Agent signature required when reinstating)</span> <span>DATE</span> </div>					
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>DPVS</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DENNARD, WILLIAM</b>		NAME		
STREET ADDRESS	<b>6531 CONVERSE ST</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>FT MYERS FL 33919</b>		CITY - ST - ZIP		
TITLE	<b>T</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DENNARD, WILLIAM</b>		NAME		
STREET ADDRESS	<b>6531 CONVERSE ST</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>FT MYERS FL 33919</b>		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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.					
<b>SIGNATURE:  SIGNATURE REQUIRED</b> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</span> <span>Date <b>6/1/03</b></span> <span>Daytime Phone # <b>239-482-2078</b></span> </div>					

**55051947**

☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

Attachment  
*Hughes, Snell & Co., P.A.*

CERTIFIED PUBLIC ACCOUNTANTS

July 21, 2003

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

Attn: Annual Reports Section

Dear Sir:

RE: Dennard Clinical Specialties, Inc.  
#P02000065828

We are in receipt of your correspondence dated June 23, 2003 indicating the annual report has not been filed, as a late penalty is due. We respectfully request abatement of the penalty due to the facts and circumstances associated with the late filing.

The sole shareholder of the Company, William Dennard, had enlisted the services of an accountant to set up his corporation and advise him of his tax filing requirements. The corporation was created by the accountant in April 2002, and then no further contact was made to the owner. In late May 2003 after numerous attempts to contact his original accountant, Mr. Dennard contacted my office seeking assistance and guidance on his tax filing obligations. Needless to say the May 1, 2003 due date of the annual report had passed by the time we were able to determine the report had not been filed. Mr. Dennard is working diligently to adhere to the tax filing requirement and therefore was not displaying an intentional disregard of the filing requirements of the annual report.

This is Mr. Dennard's first experience at being in business for himself and has learned some things the hard way. Therefore, we respectfully request you consider the facts and circumstances at hand and abate the penalty assessment on the annual report.

If further information is needed, please advise.

Thank you for your consideration.

Very Truly Yours,

*Patti R. Hardin*

Patti R. Hardin, CPA

PRH/pc

Enclosure

Cc: William Dennard