2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 AM
Secretary of State

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Entity Name: A+ HEALTHCARE SPECIALISTS, INC.

Current Principal Place of Business:

255 S.E. HWY. 19
SUNCOAST PLAZA, #17
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

255 S.E. HWY. 19
SUNCOAST PLAZA, #1
CRYSTAL RIVER, FL 34429

Current Mailing Address:

255 S.E. HWY. 19
SUNCOAST PLAZA, #17
CRYSTAL RIVER, FL 34429

New Mailing Address:

255 S.E. HWY. 19
SUNCOAST PLAZA, #1
CRYSTAL RIVER, FL 34429

FEI Number: 59-3212242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ELSWICK, DIANA E
255 S.E. HWY. 19
SUNCOAST PLAZA, #17
CRYSTAL RIVER, FL 34429 US

Name and Address of New Registered Agent:

ELSWICK, DIANA E
255 S.E. HWY. 19
SUNCOAST PLAZA, #1
CRYSTAL RIVER, FL 34429 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: _____ 02/01/2002
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: PV ( ) Delete
Name: ELSWICK, DIANA E
Address: 8727 N. MAPLE AVENUE
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: TS ( ) Delete
Name: ELSWICK, RODNEY L
Address: 8727 N. MAPLE AVENUE
City-St-Zip: CRYSTAL RIVER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DIANA E. ELSWICK PV 02/01/2002
Electronic Signature of Signing Officer or Director — Date