

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90127 048 ***150.00

DOCUMENT # P95000076607

1. Entity Name
ECS OF ARKANSAS, INC.



Principal Place of Business
**500 WEST CYPRESS CREEK ROAD
SUITE 450
FT. LAUDERDALE FL 33309
US**

Mailing Address
**C/O LEGAL DEPT
2828 CROASDAILE DRIVE
DURHAM NC 27705**

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 **65-0616985**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	DVP	<input checked="" type="checkbox"/> Delete
NAME	SCHILLINGER, JEFFREY	
STREET ADDRESS	1001 IVES DAIRY RD	
CITY-ST-ZIP	N. MIAMI BEACH FL 33180	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	SCHILLINGER, DAVID M.D.	
STREET ADDRESS	1001 IVES DAIRY RD	
CITY-ST-ZIP	N. MIAMI BEACH FL 33180	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WEGNER, ANITA S	
STREET ADDRESS	2828 CROASDAILE DR	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN M. SCOTT, M.D.	
STREET ADDRESS	2828 CROASDAILE DR	
CITY-ST-ZIP	DURHAM, NC 27705	
TITLE	P, CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK S. GREENMAN	
STREET ADDRESS	2828 CROASDAILE DR	
CITY-ST-ZIP	DURHAM, NC 27705	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK S. GREENMAN, PRES. 02-11-03 919 383 0355

Date

Daytime Phone #

CR2E034 (10/02)