

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90004 001 ***158.75

DOCUMENT # P96000067996

1. Entity Name

CAMBRIDGE HEALTHCARE SERVICES, INC.

Principal Place of Business

Mailing Address

2033 MAIN STREET
 SUITE 300
 SARASOTA FL 34237

2033 MAIN STREET
 SUITE 300
 SARASOTA FL 34237-6049

00046750



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0689700**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, WILLIAM A
 2033 MAIN STREET
 SUITE 300
 SARASOTA FL 34237

Name *Todd Lord*

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

2033 Main Street Suite 300

City *Sarasota*

FL Zip Code *34237*

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

Todd Lord

4/26/00

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
C	MCCARVER, JAMES O	2033 MAIN STREET, SUITE 300	SARASOTA FL 34237	<input type="checkbox"/>
DSVP	MCCARVER, PAT	2033 MAIN STREET, SUITE 300	SARASOTA FL 34237	<input type="checkbox"/>
P	LORD, TODD M	2033 MAIN STREET, SUITE 300	SARASOTA FL 34237	<input checked="" type="checkbox"/>
VPS	JOHNSON, WILLIAM A	2033 MAIN STREET, SUITE 300	SARASOTA FL 34237	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/99)

13. 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 11 or Block 12 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

Todd Lord

Date

4/26/00

Daytime Phone #

941 952 9411