

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000017353

FILED
Apr 23, 2002 8:00 AM
Secretary of State

Entity Name: SOUTH FLORIDA CLINICAL SERVICES, INC.

Current Principal Place of Business:

2114 CORPORATE DRIVE
BOYNTON BEACH, FL 33426 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 12277
LAKE PARK, FL 33403

New Mailing Address:

POST OFFICE BOX 530277
LAKE PARK, FL 33403

FEI Number: 65-0811215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STILL, JOSEPH K JR.
500 AUSTRALIAN AVENUE SOUTH, SUITE 600
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

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: PD () Delete
Name: EDDY, TILLMAN L
Address: 1524 39TH STREET
City-St-Zip: W PALM BEACH, FL 33407

Title: VT (X) Delete
Name: RABBITS, DAVID G
Address: 560 SUNSET LAKES DR.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: SD () Delete
Name: KING, WM. REEVES
Address: 81 IRONWOOD WAY N.
City-St-Zip: WEST PALM BEACH, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WM. REEVES KING

SEC

04/23/2002

Electronic Signature of Signing Officer or Director

Date