

# 2000 UNIFORM BUSINESS REPORT, (UBR)

DOCUMENT # P97000034152

1. Entity Name

AACECARE, INC.

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90198 025 \*\*\*150.00

Principal Place of Business

Mailing Address

1000 RIVERSIDE AVE  
#205  
JAX FL 32204  
US

1000 RIVERSIDE AVE  
#205  
JAX FL 32204-4103  
US

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

59-3644167

APPLIED FOR

Applied For

Not Applicable

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

JONES, DONALD C  
1000 RIVERSIDE AVE  
#205  
JAX FL 32204

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE ☐ Delete  
NAME COBIN, RHODA H MD  
STREET ADDRESS 44 GODWIN AVE.  
CITY-ST-ZIP MIDLAND PARK NJ 07432

TITLE ☐ Delete  
NAME DICKEY, RICHARD A MD  
STREET ADDRESS 415 N. CENTER ST., SUITE 203  
CITY-ST-ZIP HICKORY NC 28601

TITLE ☐ Delete  
NAME HODGSON, STEPHEN F M.D.  
STREET ADDRESS 200 FIRST STREET, S.W.  
CITY-ST-ZIP ROCHESTER MN 55905

TITLE ☐ Delete  
NAME FELD, STANLEY M.D.  
STREET ADDRESS 5480 LA SIERRA DRIVE  
CITY-ST-ZIP DALLAS TX 75231

TITLE ☐ Delete  
NAME JONES, DONALD C  
STREET ADDRESS 1000 RIVERSIDE AVE., SUITE 205  
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE ☐ Delete  
NAME ROOBARD, HELENA  
STREET ADDRESS 14808 PHYSICIANS LANE, NO. 111  
CITY-ST-ZIP ROCKVILLE MD 20850

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Donald C. Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

(904) 2537878

Daytime Phone #

CR2E034 (9/99)