

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034152

1. Entity Name
AAECARE, INC.

Principal Place of Business

1000 RIVERSIDE AVE
#205
JAX FL 32204
US

Mailing Address

1000 RIVERSIDE AVE
#205
JAX FL 32204
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

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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.

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COBIN, RHODA H MD
44 GODWIN AVE.
MIDLAND PARK NJ 07432 ☐ Delete

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

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

Date

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90023 028 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)