FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90018 014 ***150.00

DOCUMENT # **P97000034152**

1. Entity Name

AACECARE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1000 RIVERSIDE AVE	1000 RIVERSIDE AVE
Suite, Apt. #, etc.: SUITE 205	Suite, Apt. #, etc.: SUITE 205
City & State: JACKSONVILLE	City & State: JACKSONVILLE
Zip: 32204 Country:	Zip: 32204 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3644167 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: **DONALD C. JONES**

Street Address (P.O. Box Number is Not Acceptable): **1000 RIVERSIDE AVE**

SUITE 205

City: **JACKSONVILLE** **FL** Zip Code: **32204**

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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	D
NAME	COBIN, RHODA H MD
STREET ADDRESS	44 GODWIN AVE
CITY-ST-ZIP	MIDLAND PARK, NJ 07432
TITLE	D
NAME	DICKEY, RICHARD A MD
STREET ADDRESS	415 N. CENTER STREET SUITE 203
CITY-ST-ZIP	HICKORY, NC 28601
TITLE	D
NAME	HODGSON, STEPHEN F MD
STREET ADDRESS	200 FIRST STREET, SW
CITY-ST-ZIP	ROCHESTER, MN 55905
TITLE	D
NAME	FELD, STANLEY MD
STREET ADDRESS	5480 LA SIERRA DRIVE
CITY-ST-ZIP	DALLAS, TX 75231
TITLE	D
NAME	RODBARD, HELENA
STREET ADDRESS	14808 PHYSICIANS LANE, NO. 111
CITY-ST-ZIP	ROCKVILLE, MD 20850
TITLE	D
NAME	JONES, DONALD C
STREET ADDRESS	1000 RIVERSIDE AVE SUITE 205
CITY-ST-ZIP	JACKSONVILLE, FL 32204

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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Donald C Jones CEO 2/21/02 (904) 353 7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DONALD C JONES