2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003
Secretary of State

DOCUMENT# P97000034152

Entity Name: AACECARE, INC.

Current Principal Place of Business:

1000 RIVERSIDE AVE
#205
JAX, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

1000 RIVERSIDE AVE
#205
JAX, FL 32204 US

New Mailing Address:

FEI Number: 59-3644167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COBIN, RHODA H MD
Address: 44 GODWIN AVE.
City-St-Zip: MIDLAND PARK, NJ 07432

Title: D ( ) Delete
Name: DICKEY, RICHARD A MD
Address: 415 N. CENTER ST., SUITE 203
City-St-Zip: HICKORY, NC 28601

Title: D ( ) Delete
Name: HODGSON, STEPHEN F M.D.
Address: 200 FIRST STREET, S.W.
City-St-Zip: ROCHESTER, MN 55905

Title: D ( ) Delete
Name: FELD, STANLEY M.D.
Address: 5480 LA SIERRA DRIVE
City-St-Zip: DALLAS, TX 75231

Title: D ( ) Delete
Name: JONES, DONALD C
Address: 1000 RIVERSIDE AVE., SUITE 205
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete
Name: RODBARD, HELENA
Address: 14808 PHYSICIANS LANE, NO. 111
City-St-Zip: ROCKVILLE, MD 20850

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:

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: DONALD C. JONES, CEO D 04/24/2003

Electronic Signature of Signing Officer or Director Date