

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90728 007 ***550.00

0001418 AV

DOCUMENT # P98000069576

1. Entity Name
ACCARDI CLINICAL SERVICES, INC.

Principal Place of Business
 150 TREEMONTE DR
 ROYAL OAKS CENTER
 ORANGE CITY FL 32763

Mailing Address
 150 TREEMONTE DR
 ROYAL OAKS CENTER
 ORANGE CITY FL 32763



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|---------------------------------------|---------|---------------------------|---------|--|--|---|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3532289 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | <input type="checkbox"/> Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| DELLUS ALLEN 435 S RIDGEWOOD AVE DAYTONA BEACH FL 32114 <i>J. Roger Accardi</i> 150 Treemonte Dr. Orange City, FL 32763 | | | | 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]* DATE *5/14/02*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | | | | |
|--|--|---|--|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
|--|--|---|--|---|--|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|-------------------|---------------------------------|---|---|--|
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ACCARDI, J. ROGER | | NAME | | |
| STREET ADDRESS | 40 JASMINE DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | DEBARY FL 32713 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: *[Signature]* *5/14/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)