

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000082038

FILED  
Jan 30, 2003  
Secretary of State

**Entity Name:** SPECIALIZED TRANSPORTATION FOR OUTPATIENT SERVICES, INC.

## Current Principal Place of Business:

815 S WASHINGTON AVE  
SUITE 104  
TITUSVILLE, FL 32780

## New Principal Place of Business:

3030 S. HOPKINS AVENUE  
TITUSVILLE, FL 32780

## Current Mailing Address:

PO BOX 6068  
TITUSVILLE, FL 32782

## New Mailing Address:

3050 S. HOPKINS AVENUE  
TITUSVILLE, FL 32780

FEI Number: 59-3597866

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JARVIS, NELSON R  
815 S WASHINGTON AVE  
SUITE 104  
TITUSVILLE, FL 32780

## Name and Address of New Registered Agent:

JARVIS, NELSON R  
3050 S. HOPKINS AVENUE  
TITUSVILLE, FL 32780

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: NELSON R. JARVIS

01/30/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: JARVIS, NELSON R  
Address: 815 S WASHINGTON AVE STE 104  
City-St-Zip: TITUSVILLE, FL 32780

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: JARVIS, NELSON R  
Address: 3050 S. HOPKINS AVENUE  
City-St-Zip: TITUSVILLE, FL 32780 US

Title: VP ( ) Change (X) Addition  
Name: WILLIAMS, JAMES R III  
Address: 3050 S. HOPKINS AVENUE  
City-St-Zip: TITUSVILLE, FL 32780 US

Title: SEC ( ) Change (X) Addition  
Name: COOK, ROBERT A  
Address: 1600 SEASONS DRIVE  
City-St-Zip: CLYDE, NC 28721 US

Title: TRES ( ) Change (X) Addition  
Name: LINDSEY, DONNA J  
Address: 1600 SEASONS DRIVE  
City-St-Zip: CLYDE, NC 28721 US

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: DONNA J. LINDSEY

TRES

01/30/2003

Electronic Signature of Signing Officer or Director

Date