

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90069 016 \*\*\*150.00

**DOCUMENT # S09037**

1. Entity Name

**IMPACT HEALTHCARE SERVICES, INC.**

Principal Place of Business

**5104 NORTH ORANGE BLOSSOM TRAIL  
SUITE 103  
ORLANDO FL 32810**

Mailing Address

**P.O. BOX 607756  
ORLANDO FL 32860-7756**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3034109**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KELLY, DARWIN P JR  
IMPACT HEALTHCARE SERVICES INC  
5104 N ORANGE BLOSSOM TRAIL, #103  
ORLANDO FL 32810**

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

*Darwin P. Kelly***PRESIDENT/CEO****3/8/01**

Signature, typed or printed name of registered agent and title if reinstating.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSC DARWIN, KELLY P 2418 TIOGA TRAIL WINTER PARK FL 32789</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARTIN, WILLIAM A 105 LIVE OAKS GARDENS CASSELBERRY FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSV ZOLOTOR, NORMA D. 2660 MYAKKA DR. ORLANDO FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS NOELL, PAMELA G 1240 FLORAL WAY APOPKA FL 32703</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BLACKADAR, DAN 988 HIGHWAY 427 N. LONGWOOD FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSVD 350 Iowa Woods Circle West Orlando, FL 32824</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1437 Deer Lake Circle Apopka, FL 32712</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BLACKADAR, DON</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Darwin P. Kelly***PRESIDENT/CEO****3/8/01****407-296-1290**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)