

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S09037

FILED  
Apr 02, 2002 8:00 AM  
Secretary of State

Entity Name: IMPACT HEALTHCARE SERVICES, INC.

## Current Principal Place of Business:

5104 NORTH ORANGE BLOSSOM TRAIL  
SUITE 103  
ORLANDO, FL 32810

## Current Mailing Address:

P.O. BOX 607756  
ORLANDO, FL 328607756

## New Principal Place of Business:

341 N. MAITLAND AVENUE  
SUITE 130  
MAITLAND, FL 32751 US

## New Mailing Address:

P.O. BOX 940759  
MAITLAND, FL 327940759 US

FEI Number: 59-3034109

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

KELLY, DARWIN P JR  
IMPACT HEALTHCARE SERVICES INC  
341 N. MAITLAND AVENUE  
MAITLAND, FL 32751 US

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, JR.

04/02/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: PSC ( ) Delete  
Name: DARWIN, KELLY P  
Address: 2418 TIOGA TRAIL  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: MARTIN, WILLIAM A  
Address: 105 LIVE OAKS GARDENS  
City-St-Zip: CASSELBERRY, FL

Title: TSVD ( ) Delete  
Name: ZOLOTOR, NORMA D.  
Address: 350 IOWA WOODS CIRCLE WEST  
City-St-Zip: ORLANDO, FL 32824

Title: VAS ( ) Delete  
Name: NOELL, PAMELA G  
Address: 1437 DEER LAKE CIRCLE  
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete  
Name: BLACKADAR, DON  
Address: 988 HIGHWAY 427 N.  
City-St-Zip: LONGWOOD, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSC (X) Change ( ) Addition  
Name: KELLY, DARWIN P  
Address: 2418 TIOGA TRAIL  
City-St-Zip: WINTER PARK, FL 32789 US

Title: D (X) Change ( ) Addition  
Name: MARTIN, WILLIAM A  
Address: 105 LIVE OAKS GARDENS  
City-St-Zip: CASSELBERRY, FL US

Title: TVD (X) Change ( ) Addition  
Name: ZOLOTOR, NORMA D.  
Address: 350 IOWA WOODS CIRCLE WEST  
City-St-Zip: ORLANDO, FL 32824 US

Title: VAS (X) Change ( ) Addition  
Name: NOELL, PAMELA G  
Address: 1437 DEER LAKE CIRCLE  
City-St-Zip: APOPKA, FL 32712 US

Title: D (X) Change ( ) Addition  
Name: BLACKADAR, DON  
Address: 988 HIGHWAY 427 N.  
City-St-Zip: LONGWOOD, FL 32750 US

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 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: PAMELA G. NOELL

VP

04/02/2002

Electronic Signature of Signing Officer or Director

Date