

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # V32187**1. Entity Name
ONE CALL COMPREHENSIVE CARE, INC.Principal Place of Business
9535 INTERNATIONAL CT. N.
ST. PETERSBURG FL 33716 US
Mailing Address
9535 INTERNATIONAL CT. N.
ST. PETERSBURG FL 33716 US2. Principal Place of Business
5982 CENTRAL AVENUE
3. Mailing Address
5982 CENTRAL AVENUE

Suite, Apt. #, etc.

City & State
ST. PETERSBURG FL
City & State
ST. PETERSBURG FLZip Country
33707 US
Zip Country
33707 US4. FEI Number
59-3121568
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentJEFFRIES DAVID M
220 S FRANKLIN STREET
TAMPA FL 33602 US**7. Name and Address of New Registered Agent**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 _____ 04/26/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VP	SCOTT STEPHEN S	9535 INTERNATIONAL CT. N. ST. PETERSBURG	FL 33716	<input type="checkbox"/> Delete
P	PEACOCK LORAIN D	9535 INTERNATIONAL CT. N. ST. PETERSBURG	FL 33716	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	EDWARDS WILLIAM	5982 CENTRAL AVENUE ST. PETERSBURG	FL 33707			
P	PEACOCK LORAIN A	5982 CENTRAL AVENUE ST. PETERSBURG	FL 33707		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
CEO	PEIPER JEFFREY A	5982 CENTRAL AVENUE ST. PETERSBURG	FL 33707		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					<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: JEFFREY A. PEIPER

CEO 04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)