


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90205 045 \*\*\*150.00

<b>DOCUMENT # P0000064817</b>	
1. Entity Name <b>ECS OF UTAH, INC.</b>	

Principal Place of Business <b>500 WEST CYPRESS CREEK DRIVE SUITE 450 FT. LAUDERDALE FL 33309</b>	Mailing Address <b>C/O LEGAL DEPT 2828 CROASDAILE DRIVE DURHAM NC 27705</b>
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MOORE CR2E034 (11/03)

2. Principal Place of Business <b>2828 CROASDAILE DRIVE</b> Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>DURHAM, NC</b>	City & State	4. FEI Number <b>65-1020305</b>	Applied For Not Applicable
Zip <b>27705</b>	Country <b>USA</b>	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE DCEO	<input checked="" type="checkbox"/> Delete
NAME SCOTT, STEVEN M M.D.	
STREET ADDRESS 2828 CROASDAILE DRIVE	
CITY-ST-ZIP DURHAM NC 27705	
TITLE PCEO	<input checked="" type="checkbox"/> Delete
NAME GREENMAN, JACK S	
STREET ADDRESS 2828 CROASDAILE DRIVE	
CITY-ST-ZIP DURHAM NC 27705	
TITLE STD	<input checked="" type="checkbox"/> Delete
NAME WEGNER, ANITA S	
STREET ADDRESS 2828 CROASDAILE DRIVE	
CITY-ST-ZIP DURHAM NC 27705	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STEPHEN J. DRESNICK, M.D.	
STREET ADDRESS 2828 CROASDAILE DRIVE	
CITY-ST-ZIP DURHAM, NC 27705	
TITLE VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME EUGENE F. DAUCHERT JR	
STREET ADDRESS 2828 CROASDAILE DRIVE	
CITY-ST-ZIP DURHAM, NC 27705	
TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TAMMY DAVIS	
STREET ADDRESS 2828 CROASDAILE DRIVE	
CITY-ST-ZIP DURHAM, NC 27705	
TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME EILEEN E. SPOON	
STREET ADDRESS 2828 CROASDAILE DRIVE	
CITY-ST-ZIP DURHAM, NC 27705	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eugene F. Dauchert Jr **EUGENE F. DAUCHERT JR** Date: 4/8/04 919-383-0355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #