

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90081 016 ***150.00

DOCUMENT # F96000005078

1. Entity Name

First Choice for Continence, Inc.

DO NOT WRITE IN THIS SPACE

639885

2. Principal Place of Business

1132 Gardenway

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Manhattan, KS

City & State

4. FEI Number

84-1278575

Applied For

Not Applicable

Zip

66502

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Karen Finstrom-McPhee

Street Address (P.O. Box Number is Not Acceptable)

3493 Winchester Drive

City

Port Orange

FL

Zip Code
32119

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

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

(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)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD Carl T. Newman, MD 3101 Tam O'Shanter Hays, KS 67601	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD Karen Finstrom-McPhee 3493 Winchester Drive Port Orange, FL 32119	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD Debra J. Folkerts 1808 Little Kitten Ave. Manhattan, KS 66503	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Debra J. Folkerts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02
Date

785-539-1787
Daytime Phone

CR2E034B (12/01)