

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005745

1. Entity Name

CARETRAK, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90081 015 ***150.00

Principal Place of Business

Mailing Address

6120 OAK CREST
 DALLAS TX 75248

6120 OAK CREST
 DALLAS TX 75248-3853

2. Principal Place of Business

6120 OAK CREST

Suite, Apt. #, etc.

3. Mailing Address

6120 OAK CREST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DALLAS, TX

City & State

DALLAS, TX

4. FEI Number

912005317

~~APPLIED FOR~~

Applied For

Not Applicable

Zip

75248

Country

USA

Zip

75248

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	CD	<input type="checkbox"/> Delete
NAME	BROWER, ROD	
STREET ADDRESS	660 SUNDANCE PLACE	
CITY-ST-ZIP	APPLEGATE CC 95703	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KLEIN, BARRY	
STREET ADDRESS	6120 OAK CREST	
CITY-ST-ZIP	DALLAS TX 75248	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BROWNING, GEORGE	
STREET ADDRESS	141 EAST HIBISCUS BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARTER, MICHAEL L	
STREET ADDRESS	4531 AYERS STREET, SUITE 416	
CITY-ST-ZIP	CORPUS CHRISTI TX 78415	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOORE, DARREN	
STREET ADDRESS	724 SOUTH POLK, SUITE 700	
CITY-ST-ZIP	AMARILLO TX 79105	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HALL, CHARLES M	
STREET ADDRESS	4612 93RD STREET	
CITY-ST-ZIP	LUBBOCK TX 79424	

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

972-386-3828

Daytime Phone #