2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2000 8:00 am
Secretary of State
07-28-2000 90153 008 ***550.00

DOCUMENT # F99000006579

1. Entity Name

CLINICARE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
~~104 WOODMONT BLVD., SUITE 101~~ ~~NASHVILLE TN 37205~~	~~104 WOODMONT BLVD., SUITE 101~~ ~~NASHVILLE TN 37205~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
113 Seaboard Ln,	Same
Suite, Apt. #, etc.: Suite A200	Suite, Apt. #, etc.: Same
City & State: Franklin, TN	City & State: Same
Zip: 37067 Country: USA	Zip: Same Country: Same

4. FEI Number 62-1801976 ☐ Applied For ☐ Not Applicable

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO GOWER, WAYNE ~~104 WOODMONT BLVD., SUITE 101~~ ~~NASHVILLE TN 37205~~ See Attachment A	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jeff Lightcap / Dir.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PERRY, KENNETH ~~104 WOODMONT BLVD., SUITE 101~~ ~~NASHVILLE TN 37205~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	David Ying / Dir.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KALE, ROBERTA ~~104 WOODMONT BLVD., SUITE 101~~ ~~NASHVILLE TN 37205~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	John Crawford / CFO	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HISCHKE, LINDA ~~104 WOODMONT BLVD., SUITE 101~~ ~~NASHVILLE TN 37205~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Carl Whitmer / Treas.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COYLE, FRANK A ~~104 WOODMONT BLVD., SUITE 101~~ ~~NASHVILLE TN 37205~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVY, PAUL S ~~104 WOODMONT BLVD., SUITE 101~~ ~~NASHVILLE TN 37205~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Laurie A. Abbott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/00
Date

615 844-2747
Daytime Phone #

Attachment
D#F99[illegible]
[illegible]75393

Attachment A

The correct address for all Officers and Directors of this corporation is:

113 Seaboard Lane
Suite A-200
Franklin, TN 37067