

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34749

1. Entity Name

CHILDREN'S CASE MANAGEMENT ORGANIZATION, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90061 035 ****61.25

Principal Place of Business	Mailing Address
1720 E TIFFANY DR STE 101 WEST PALM BEACH FL 33407 US	1720 E TIFFANY DR STE 101 WEST PALM BEACH FL 33407-3235 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business SAME	3. Mailing Address SAME		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 65-0166352	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPRINKLE, PHILIP M., II, ESQ. 777 SOUTH FLAGLER DRIVE STE 900 EAST TOWER WEST PALM BEACH FL 33401	Name Sprinkle, Philip/Boca Raton Comm. Hospital Street Address (P.O. Box Number is Not Acceptable) Att. Administration 745 Meadows Road City Boca Raton FL Zip Code 33486

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: **4/14/00**

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------------	------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDBERG, SCOTT 896 S PATRICK CIRCLE WEST PALM BEACH FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BETTY BELL 2422 24th LANE PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STEVENS, KARLENE S 1655 PALM BEACH LAKES BLVD STE 1012 WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LISA McWHORTER 2115 DOCK STREET WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUNCINE, BRIE 225 9TH ST WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERNARD DONTH 2560 RCA BLVD STE108 PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALOIA, CHERYL 15842 112TH DRIVE N JUPITER FARMS FL 33478 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KARLENE STEVENS 1655 PALM BEACH LAKES BLVD STE 1012 WEST PALM BEACH, FL. 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, HALSEY 132 ROYAL PALM WAY PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHELLE WARDEN 1395 NW 17th AVE STE 114 DELRAY BEACH, FL 33445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BESHARA, RONALD 901 45 ST WEST PALM BEACH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D A. JUNE STUBBS 3301 GUN CLUB ROAD WEST PALM BEACH, FL 33416 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 617, 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: DATE: **4-12-00** DAYTIME PHONE #: **561-881-5577**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)