

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003889

1. Entity Name

LIFE CARE MANAGEMENT SERVICES, INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90070 026 \*\*\*\*70.00

Principal Place of Business

Mailing Address

3520 32ND AVE N  
 SUITE 112  
 ST. PETERSBURG FL 33713  
 US

PO BOX 60058  
 ST PETERSBURG FL 33784-0058

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3352630

Applied For

Not Applicable.

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNN, SHERRY L  
 4000 - 24TH STREET N. LOT 20  
 ST. PETERSBURG FL

Name  
 SHERRY L. DUNN

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

3520-32 AV. N.

#112

City  
 ST PETERSBURG

FL

Zip Code  
 33713

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

*SHERRY L. DUNN*

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

(NOTE: Registered Agent signature required when reinstating)

1/3/00

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$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	D	<input type="checkbox"/> Delete
NAME	BLISS, JOAN	
STREET ADDRESS	PO BOX 13489 N/A	
CITY-ST-ZIP	ST PETERSBURG FL 33733-3489	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURCH, PHYLLIS	
STREET ADDRESS	611 DRUID RD. STE 408	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERRITT, BARRY	
STREET ADDRESS	4824 2ND AVE S	
CITY-ST-ZIP	ST PETERSBURG FL 33711	
TITLE	D	<input type="checkbox"/> Delete
NAME	KORN, NAOMI	
STREET ADDRESS	535 CENTRAL AVE. STE 418	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHATELIER, PAUL	
STREET ADDRESS	1901 N. BEAUREGA RD. STE #510	
CITY-ST-ZIP	ALEXANDRIA VA 22311	
TITLE		<input type="checkbox"/> Delete
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
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
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 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:

*SHERRY L. DUNN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/00

DATE

727-526-8516

Daytime Phone #

CR20007 (9/00)