

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91423 046 \*\*\*150.00

**DOCUMENT # P01000065160**



1. Entity Name  
**NEMACARE (HEALTHCARE AGENCY), INC.**

Principal Place of Business  
**930 85TH AVE N #105  
ST PETERSBURG FL 33702**

Mailing Address  
**930 85TH AVE N #105  
ST PETERSBURG FL 33702**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3731600**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SANTOS, EMELITA S  
930 85TH AVE N #105  
ST PETERSBURG FL 33702**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SANTOS, EMELITA S</b>	
STREET ADDRESS	<b>930 85TH AVE N #105</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33702</b>	
TITLE	<b>CEOD</b>	<input type="checkbox"/> Delete
NAME	<b>ESPINA, ENRIQUITA G</b>	
STREET ADDRESS	<b>930 85TH AVE N #105</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33702</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>GURA, LUIS JR</b>	
STREET ADDRESS	<b>930 85TH AVE N #105</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33702</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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:** SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*05-28-03* (777) 576 6754  
(777) 578 5272  
Date Daytime Phone #

CR2E034 (10/02)