

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

128

(AMENDED)

Amended

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000097074  
1. Entity Name  
CAREVACATIONS CARIBBEAN PORTS MEDICAL, INC.

**DO NOT WRITE IN THIS SPACE**

43511

2. Principal Place of Business  
470-K Ansin Blvd.  
Suite, Apt. #, etc.

3. Mailing Address  
470-K Ansin Blvd.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Hallandale Beach, FL

City & State  
Hallandale Beach, FL

4. FEI Number  
59-3760060

Applied For  
Not Applicable

Zip  
33009

Country  
USA

Zip  
33009

Country  
USA

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name: Andrew Garnett  
Street Address (P.O. Box Number is Not Acceptable): 470-K Ansin Blvd.  
City: Hallandale Beach FL Zip Code: 33009

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 Andrew J. Garnett Andrew Garnett

9/5/2002  
DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

January 1 - May 1 - Fee is \$150.00  
After May 1, Fee is \$530.00  
Amended UBR is \$81.25  
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Andrew Garnett 470-K Ansin Blvd. Hallandale Beach, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Donald Stillwell 470-K Ansin Blvd. Hallandale Beach, FL 33009
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**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Andrew J. Garnett Andrew Garnett, Director 9/5/2002 (954) 458-6500

CR2E034B (12/01)

Attachment  
43511

282



#5 5110 - 50 Avenue  
Leduc, Alberta  
T9E 6V4

Care Vacations Caribbean Ports Medical, Inc.  
470-K Ansin Boulevard  
Hallandale Beach, FL 33009

September 27, 2002

Florida Department of State  
Division of Corporations  
P O Box 1500  
Tallahassee, FL 32302-1500

Subject: Care Vacations Caribbean Ports Medical, Inc.

Reference Number: P01000097074

To Whom It May Concern:

We recently filed an AMENDED annual report/uniform business report for 2002. We received a notice stating that the original report had not been previously filed and that we owe a balance for the \$150 filing fee. Please note that the original report has previously been filed and should be on record. Due to some changes, we've submitted the amended report to reflect the current information for the place of business, registered agent and directors. Please record this updated information in your files.

Thank you for your attention to this matter.

Andrew J. Garnett  
Director  
Care Vacations Caribbean Ports Medical, Inc.

enclosure: copy of Amended UBR