


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000093195

1. Entity Name
CAMELOT HEALTHCARE MANAGEMENT, INC.



00000403

Principal Place of Business
 8220 SW 56TH STREET
 MIAMI, FL 33172

Mailing Address
 8220 SW 56TH STREET
 MIAMI, FL 33172

2. Principal Place of Business
 4937 SW 74 COURT
 Suite, Apt. #, etc.

3. Mailing Address
 4937 SW 74 COURT
 Suite, Apt. #, etc.

City & State
 Miami, FL

City & State
 Miami, FL

Zip
 33155

Country
 Miami-0402

Zip
 33155

Country
 Miami Dade



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GOSS, PHILIP E JR
 1172 S DIXIE HWY.
 SUITE 188
 CORAL GABLES, FL 33146

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

4. FEI Number
 65-0885369

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

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 replacing)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$550.00
 Money 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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARCIERO, ANGEL		NAME		
STREET ADDRESS	8220 SW 66TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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 information.

SIGNATURE: _____ DATE: 2/6/03
Signature and typed or printed name of signing officer or director

(307) 663-7389
Optional Phone #

CHRE034 (10/02)