

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91053 009 \*\*\*158.75

**DOCUMENT # L80872**

1. Entity Name  
**CORPORATE CARE WORKS, INC.**



Principal Place of Business  
**8665 BAYPINE ROAD  
# 100  
JACKSONVILLE FL 32256  
US**

Mailing Address  
**8665 BAYPINE ROAD  
# 100  
JACKSONVILLE FL 32256  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3010363**

**APPLIED FOR**

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

**PERSICO, CYNTHIA K.  
8665 BAYPINE ROAD  
# 100  
JACKSONVILLE FL 32256**

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

*Cynthia K. Persico*

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

(NOTE: Registered Agent signature required when reinstating)

**2/3/03**

DATE

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES  
PERSICO, CYNTHIA K  
8665 BAYPINE ROAD, # 100  
JACKSONVILLE FL 32256**

☐ Delete

**SAME**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
CANTRELL, RENA  
8665 BAYPINE ROAD, # 100  
JACKSONVILLE FL 32256**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**Delete**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DOO  
BURGOS, CHRISTEL  
8665 BAYPINE ROAD, # 100  
JACKSONVILLE FL 32256**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**Delete**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DOC  
MANCE, LYNDIA  
8665 BAYPINE ROAD, # 100  
JACKSONVILLE FL 32256**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**Delete**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
RIVERS, DARLENE  
8665 BAYPINE RD #100  
JACKSONVILLE FL 32256**

☐ Delete

**SAME**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EAP Director  
Pargman, Michelle  
8665 Baypine Rd. # 100  
Jacksonville, FL 32256**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
**→ Please Add**

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: PERSICO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/3/03**

Date

**904-296-9436**

Daytime Phone #

CR2E034 (10/02)