FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

PARACARE ASSOCIATION OF PALM SEACH, INC. O1-16-2001 90094 0.21 ****70.00 Principal Place of Business Mailing Address 44 COCOMNIT ROW, SUITE 1-9 PO BOX 32 PALM BCH PL 3940 2. Principal Place of Business Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Cry & State Cry & State Country Zip Zip Country Zip Zip Country Zip Country Zip Country Zip Zip Zip Zip Zip Zip Zip Zi	DOCUMENT # 735239 1. Entity Name					Jan 16, 2001 8:00 am Secretary of State			
44 COCOANUT ROW. SUITE 1-9 P O BOX 532 P O	PARACA	ARE ASSOCIATION OF PALM	BEACH, INC.			•			
P O BOX 332 PALL BOTH R. 3940	Principal Plac	e of Business		-					
Suite, Apt. #, etc. City & State City & St	P O BOX 532		P O BOX 532		110001100	A SILAN BIRNA PIARA SIKRA 1811 ASAR	FISIA BISIN BISIN BI	EN SIEN IDEI	
City & State City & State Country Zip Country Signature for Status Desired Zip Zip Zip Zip Zip Zip Zip Zi	2. Principal Place of Business		3. Mailing Address						
Step Country Statute bearing Statute bea	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
S. Certa dodress of Suttreet Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Street Address of New Registered Agent 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 agent, or both, in the state of Florida. SIGNATURE SIGNA	City & State		City & State		4. FEI Number	51-0199392	_ `	plied For t Applicable	
DAVIS, REX 44 COCOANUT ROW SUITE 179 PALM BEACH FL 33480 City FL Street Address (P.O. Box Number is Not Acceptable) City FL Sup Code City FL	Zip	Country	Zip	Country					
DAVIS, REX 44 COCCANUT ROW SUITE T-9 PALM BEACH FL 33480 6. 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 Signature, bjund or printed nerve of registered agent and title if applicable. (NOTE, Registered Agent algenture required when receitating) DATE		6. Name and Address of Current	Registered Agent		7. Name and Ad	ldress of New Registered	Agent		
A COCCANUT ROW SUITE T-9 PALM BEACH FL 33480 City FL Zip Code Ci	س يوس	ا پال سان موس ان _{شو} مد په الياس	يوه يا مرز الراساس	Name	الميدين بديد بينيه بحميد بي في يهدمه الدين الم				
PALM BEACH FL 33480 6. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered apart and stor if applicable. (NOTE, Registered Agent signature required when reinstalling) DATE	44 COCOANUT ROW			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
SIGNATURE FILE NOW: FEE IS \$61.25 PEE IS \$61.25 POWNER POWNER PEE IS \$61.25 POWNER P				City		FL Zip Code			
FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE SD	SIGNATURE .						Pavable to		
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FLEMING, FRANK SIRET ADDRESS CITY-ST-ZIP TITLE NAME PERRON, RONALD B SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE PD SAXTON, CHARLES M. STREET ADDRESS CITY-ST-ZIP TITLE PD SAXTON, CHARLES M. STREET ADDRESS CITY-ST-ZIP TITLE NAME SAXTON, CHARLES M. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRE	10.	OFFICERS AND DIF	ECTORS	11.	ADDITIONS/CHAN	GES TO OFFICERS AND D			
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NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 supplied entering that the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer of direct of the same legal effect as if made under oath; that I am an officer of direct of the same legal effect as if made under oath; that I am an officer of direct of the same legal effect as if made under oath; that I am an officer of direct of the same legal effect as if made under oath; that I am an officer of direct of the same legal effect as if made under oath; that I am an officer of direct of the same legal effect as if made under oath; that I am an officer of direct of the same legal effect as if made under oath; that I am an officer of direct of the same legal effect as if made under oath; that I am an officer of direct of the same legal effect as if made under oath; that I am an officer of direct of the same legal effect as if made under oath; that I am an officer of direct of the same legal effect as if made under oath; that I am an officer of direct of the same legal effect as if made under oath; that I am an officer of direct of the same legal effect as if made under oath; that I am an officer of direct of the same legal effect as if made under oath; that I am an officer of direct of the same legal effect as if made under oath; that I am an officer of direct of the same legal effect as if made under oath; that I am an officer of direct of the same legal effect as if made under oath; that I am an officer of direct of the same legal effect as if made under oath; that I am an officer of direct of the same legal effect as if made under oath; that I am an officer of direct of the same legal effect as if made under oath; that I am an officer of direct of the same legal effect as if made under oath; that I am an of	STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				☐ Addition	

Charles M. Sax ton Pres 1/8/01

NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date