

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000006227

FILED
Sep 04, 2003
Secretary of State

Entity Name: 1CAREPLACE, INC.

Current Principal Place of Business:

970 ILLINOIS AVENUE
BANGOR, ME 04401

New Principal Place of Business:

Current Mailing Address:

970 ILLINOIS AVENUE
BANGOR, ME 04401

New Mailing Address:

FEI Number: 01-0538189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FCP, INC.
2763 1ST AVENUE NORTH
ST. PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: SOUZA, JAMES
Address: 970 ILLINOIS AVENUE
City-St-Zip: BANGOR, ME 04401

Title: CD () Delete
Name: SOUZA, JAMES
Address: 970 ILLINOIS AVENUE
City-St-Zip: BANGOR, ME 04401

Title: D () Delete
Name: GRIFFIN, ROBERT J
Address: 141 TREMONT STREET
City-St-Zip: BOSTON, MA 02111

Title: D (X) Delete
Name: CHAPELLI, ARMANDO JR.
Address: 4915 AUBURN AVENUE, SUITE 301
City-St-Zip: BETHESDA, MD 20814

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES SOUZA

CD

09/04/2003

Electronic Signature of Signing Officer or Director

_____ Date