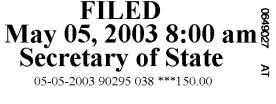
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** F02000003785 **DOCUMENT #** 1. Entity Name



ANGELICARE, INC.												
Principal Place of Business 1505 WOODWARD AVENUE DETROIT MI 48226  Mailing Address 1505 WOODWARD DETROIT MI 48226  DETROIT MI 48220				WOODWARD AVENUE	E							
2. Principal F	Place of Busin	ness	3. Maili	3. Mailing Address			-	i 1 <b>01</b> 14 <b>01</b> , 1114 <b>11</b> 440 14 <b>0</b> 14 <b>10</b> 14 1	<u> </u>	<b>                                    </b>		
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Stat	te		City 8	City & State			4	4. FEI Number 38-342070	3		pplied For ot Applicable	
Zip	Zip Country				ntry	5	5. Certificate of Status Desired	1. 🗆	\$8.75 Ad Fee Require	lditional		
	6. Name	e and Address of Current	t Registerer	d Agent			7	7. Name and Address of New	Registered	l Agent		
0 T 000r	-25.77011					Name		,				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD						Street Address (P.O. Box Number is Not Acceptable)						
PLANTATIO	ON FL 333	24										
<u>.                                    </u>						City	FL Zip Code					
	e named entit tions of regist		or the purpo	use of changing its	registere	ed office or regis	stered a	agent, or both, in the State of I	Florida. I am	n familiar with,	and accept	
SIGNATURE .	Signature, typed	d or printed name of registered agent	t and title if appli-	icable. (NOTE	E: Registere	d Agent signature requ	uired whe	en reinstating)	DATE		·	
Afte	er May 1, 20	III FEE IS \$150.00 103 Fee will be \$550.00 to Florida Department o						9. Election Campaign f Trust Fund Contribut	•		00 May Be d to Fees	
10.		OFFICERS AND	DIRECTOR		11,			ADDITIONS/CHANGES TO O	FFICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		oon, terrie w Odward Avenue Mi 48226		Delete		1				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			☐ Delete		I				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1				☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		ı				☐ Change	☐ Addition	

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 REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terrie W. Henderson 4/29/03

313 963-8382

Date

Daytime Phone #