

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F22495

FILED
Mar 22, 2002 8:00 AM
Secretary of State

Entity Name: CARE HEALTH SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

1800 FOREST HILL BLVD.,#B-1
W.PALM BCH., FL 33406

New Principal Place of Business:

Current Mailing Address:

1800 FOREST HILL BLVD.,#B1
STE B1
W.PALM BCH., FL 33406 US

New Mailing Address:

FEI Number: 59-2081894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, BILLIE J
1800 FOREST HILL BLVD STE B-1
W.PALM BCH., FL 33406

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVIS, BILLIE J.,
Address: 1800 FOREST HILL BLVD B-1
City-St-Zip: WEST PALM BEACH, FL 33406

Title: DST () Delete
Name: MURPHY, MARTIN,
Address: 1800 FOREST HILL BLVD B-1
City-St-Zip: WEST PALM BEACH, FL 33406

Title: O () Delete
Name: HEALY, KENNETH,
Address: 1800 FOREST HILL BLVD STE B-1
City-St-Zip: WEST PALM BEACH, FL 33406

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:

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: MARTIN MURPHY

D

03/22/2002

Electronic Signature of Signing Officer or Director

Date