

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F97000000172

FILED  
Jan 28, 2002 8:00 AM  
Secretary of State

Entity Name: LOGISTICARE, INC.

## Current Principal Place of Business:

1895 PHOENIX BLVD  
306  
COLLEGE PARK, GA 30349

## New Principal Place of Business:

## Current Mailing Address:

1895 PHOENIX BLVD  
306  
COLLEGE PARK, GA 30349

## New Mailing Address:

FEI Number: 13-3765416

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHERMYEN, JOHN  
8323 NW 12 ST  
#109  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

SHERMYEN, JOHN L  
11715 NW 122ND TERRACE  
ALACHUA, FL 32615 US

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: JOHN L SHERMYEN

01/28/2002

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: PCEO ( ) Delete  
Name: SHERMYEN, JOHN  
Address: 8323 NW 12TH STREET, SUITE 109  
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete  
Name: SCHAFFER, DERALE L  
Address: 3489 ELMWOOD AVE  
City-St-Zip: ROCHESTER, NY 14610

Title: D ( ) Delete  
Name: MOSELY, RICK  
Address: 28 STATE ST, 37TH FLOOR  
City-St-Zip: BOSTON, MA 02109

Title: D ( ) Delete  
Name: SHEA, CHUCK  
Address: 28 STATE ST, 37TH FLOOR  
City-St-Zip: BOSTON, MA 02109

Title: D ( ) Delete  
Name: SVAHN, JACK  
Address: P.O. BOX 62  
City-St-Zip: CHESTER, MD 21619

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition  
Name: SHERMYEN, JOHN  
Address: 11715 NW 122ND TERRACE  
City-St-Zip: ALACHUA, FL 32615

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: JOHN L SHERMYEN

MR

01/28/2002

Electronic Signature of Signing Officer or Director

Date