

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2003 8:00 am**  
**Secretary of State**

07-10-2003 90116 040 \*\*\*550.00

0119709 AT

**DOCUMENT # F97000000172**

1. Entity Name

**LOGISTICARE, INC.**



Principal Place of Business

~~1035 PHOENIX BLVD~~

**COLLEGE PARK GA 30349**

Mailing Address

~~1035 PHOENIX BLVD~~

**COLLEGE PARK GA 30349**

2. Principal Place of Business

**1640 PHOENIX BLVD**

3. Mailing Address

**1640 PHOENIX BLVD**

Suite, Apt. #, etc.

**STE 200**

Suite, Apt. #, etc.

**STE 200**

City & State

**COLLEGE PARK GEORGIA**

City & State

**COLLEGE PARK GA**

Zip

**30349**

Country

**USA**

Zip

**30349**

Country

**USA**

4. FEI Number

**13-3765416**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SHERMYN, JOHN L**

**11715 NW 122ND TERRACE**

**ALACHUA FL 32615**

7. Name and 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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	SHERMYN, JOHN	
STREET ADDRESS	11715 NW 122ND TERRACE	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHAFER, DERALE L	
STREET ADDRESS	3489 ELMWOOD AVE	
CITY-ST-ZIP	ROCHESTER NY 14610	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSELY, RICK	
STREET ADDRESS	28 STATE ST, 37TH FLOOR	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEA, CHUCK	
STREET ADDRESS	28 STATE ST, 37TH FLOOR	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE	D	<input type="checkbox"/> Delete
NAME	SVAHN, JACK	
STREET ADDRESS	P.O. BOX 62	
CITY-ST-ZIP	CHESTER MD 21619	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

**July 8 2003**

Date

Daytime Phone #

CR2E034 (4/03)