

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 09, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F97000001192**1. Entity Name  
CARE 24, INC.

## Principal Place of Business

PO BOX 464875

LAWRENCEVILLE  
30246

GA

## Mailing Address

PO BOX 464875

LAWRENCEVILLE  
30246

GA

2. Principal Place of Business  
585-B OLD NORCROSS RD.3. Mailing Address  
585-B OLD NORCROSS RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
LAWRENCEVILLE

GA

City & State  
LAWRENCEVILLE

GA

Zip  
30045

Country

Zip  
30045

Country

4. FEI Number  
58-2261779

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

HENDRY WILLIAM  
1824 ORANGE TREE DRIVEEDGEWATER  
32132

US

FL

## 7. Name and Address of New Registered Agent

Name  
LAYNE JOANStreet Address (P.O. Box Number is Not Acceptable)  
479 HAVE POINT DRIVECity  
TREASURE ISLAND

FL

Zip Code  
33706

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.

SIGNATURE **JOAN LAYNE**

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

(NOTE: Registered Agent signature required when reinstating)

05/09/2001

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCGUINN GREGORY 585-B OLD NORCROSS RD. LAWRENCEVILLE GA 30045	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENDRY DEBORAH 585-B OLD NORCROSS RD. LAWRENCEVILLE GA 30045	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENDRY WILLIAM 585-B OLD NORCROSS RD. LAWRENCEVILLE GA 30045	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGUINN DENITA 585-B OLD NORCROSS RD. LAWRENCEVILLE GA 30045	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DeNita McGuinn**

P

05/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)