

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 GA 30246	Mailing Address PO BOX 464875 LAWRENCEVILLE GA 30246
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2. Principal Place of Business 585-B OLD NORCROSS RD. Suite, Apt. #, etc.	3. Mailing Address 585-B OLD NORCROSS RD. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State LAWRENCEVILLE GA	City & State LAWRENCEVILLE GA
Zip 30045	Country

4. FEI Number 58-2261779	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENDRY WILLIAM
 1824 ORANGE TREE DRIVE

 EDGEWATER FL
 32132 US

7. Name and Address of New Registered Agent

Name
 LAYNE JOAN
 Street Address (P.O. Box Number is Not Acceptable)
 479 HAVE POINT DRIVE

 City
 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 DATE 05/09/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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
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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
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 Date 05/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)