

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F97000001192

FILED  
Feb 11, 2002 8:00 AM  
Secretary of State

Entity Name: CARE 24, INC.

**Current Principal Place of Business:**

585-B OLD NORCROSS RD.  
LAWRENCEVILLE, GA 30045

**New Principal Place of Business:**

**Current Mailing Address:**

585-B OLD NORCROSS RD.  
LAWRENCEVILLE, GA 30045

**New Mailing Address:**

FEI Number: 58-2261779

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAYNE, JOAN  
479 HAVE POINT DRIVE  
TREASURE ISLAND, FL 33706 US

**Name and Address of New Registered Agent:**

MILTON, HIRSCH  
8183 SWEETBRIAR WAY  
BOCA RATON, FL 33496 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: MILTON HIRSCH

02/11/2002

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: P ( ) Delete  
Name: MCGUINN, DENITA  
Address: 585-B OLD NORCROSS RD.  
City-St-Zip: LAWRENCEVILLE, GA 30045

Title: VP ( ) Delete  
Name: HENDRY, WILLIAM  
Address: 585-B OLD NORCROSS RD.  
City-St-Zip: LAWRENCEVILLE, GA 30045

Title: S ( ) Delete  
Name: HENDRY, DEBORAH  
Address: 585-B OLD NORCROSS RD.  
City-St-Zip: LAWRENCEVILLE, GA 30045

Title: T ( ) Delete  
Name: MCGUINN, GREGORY  
Address: 585-B OLD NORCROSS RD.  
City-St-Zip: LAWRENCEVILLE, GA 30045

**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:

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: DENITA MCGUINN

P

02/11/2002

Electronic Signature of Signing Officer or Director

Date