

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000005483

FILED
Feb 18, 2003
Secretary of State

Entity Name: CARE PROVIDER SERVICES, INC.

Current Principal Place of Business:

2401 PGA BLVD., SUITE 155
SUITE 158
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

2401 PGA BLVD., SUITE 155
SUITE 158
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 58-2121980 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

ADAMS, SANDRA L
2401 PGA BOULEVARD, SUITE #155
PALM BEACH GARDENS, FL 33410 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: SANDRA L. ADAMS 02/18/2003

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: FAGO, ELIZABETH M
Address: 2401 PGA BLVD SUITE 158
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S () Delete
Name: FAGO, MARIAN
Address: 2401 PGA BLVD SUITE 158
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change () Addition
Name: FAGO, ELIZABETH M
Address: 2401 PGA BLVD SUITE #155
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S (X) Change () Addition
Name: FAGO, MARIAN
Address: 2401 PGA BLVD SUITE #155
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: ELIZABETH FAGO PCD 02/18/2003

Electronic Signature of Signing Officer or Director Date