

2001 UNIFORM BUSINESS REPORT (UBR)

0131081 AT

DOCUMENT # F99000005745

1. Entity Name
CARETRAK, INC.

FILED

01 SEP 27 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6120 OAK CREST
DALLAS TX 75248

Mailing Address
6120 OAK CREST
DALLAS TX 75248

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

91-2005317

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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 \$550.00

After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☐ Delete
NAME BROWER, ROD
STREET ADDRESS 660 SUNDANCE PLACE
CITY-ST-ZIP APPLGATE CC 95703

TITLE ☐ Change ☐ Addition
NAME 200004627472-4
STREET ADDRESS -10/08/01--01081--014
CITY-ST-ZIP *****750.00 *****750.00

TITLE PD ☐ Delete
NAME KLEIN, BARRY
STREET ADDRESS 6120 OAK CREST
CITY-ST-ZIP DALLAS TX 75248

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME BROWNING, GEORGE
STREET ADDRESS 141 EAST HIBISCUS BLVD.
CITY-ST-ZIP MELBOURNE FL 32901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME CARTER, MICHAEL L
STREET ADDRESS 4531 AYERS STREET, SUITE 416
CITY-ST-ZIP CORPUS CHRISTI TX 78415

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME MOORE, DARREN
STREET ADDRESS 724 SOUTH POLK, SUITE 700
CITY-ST-ZIP AMARILLO TX 79105

TITLE ☐ Change ☐ Addition
NAME 2011 S. COULTER
STREET ADDRESS AMARILLO, TX 79106
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME HALL, CHARLES M
STREET ADDRESS 4612 93RD STREET
CITY-ST-ZIP LUBBOCK TX 79424

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/01

972-386-3828

Date

Daytime Phone #

CR2E034 (5/01)