

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000005896

FILED  
Apr 10, 2002 8:00 AM  
Secretary of State

**Entity Name:** CARAVITA SENIOR CARE MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

880 HOLCOMBE BRIDGE ROAD, #C100  
ROSWELL, GA 30076

**New Principal Place of Business:**

**Current Mailing Address:**

880 HOLCOMBE BRIDGE ROAD, #C100  
ROSWELL, GA 30076

**New Mailing Address:**

**FEI Number:** 58-2469938

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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: \_\_\_\_\_

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: CAYCE, LAURA E  
Address: 880 HOLCOMB BRIDGE ROAD, SUITE C100  
City-St-Zip: ROSWELL, GA 30076

Title: S ( ) Delete  
Name: COUGHLIN, JOSH  
Address: 880 HOLCOMB BRIDGE ROAD, SUITE C100  
City-St-Zip: ROSWELL, GA 30076

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: LAURA CAYCE

P

04/10/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date