

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000005896

FILED
May 01, 2003
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:

9755 DOGWOOD ROAD
SUITE 300
ROSWELL, GA 30075

Current Mailing Address:

880 HOLCOMBE BRIDGE ROAD, #C100
ROSWELL, GA 30076

New Mailing Address:

9755 DOGWOOD ROAD
SUITE 300
ROSWELL, GA 30075

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

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: P (X) Change () Addition
Name: CAYCE, LAURA E
Address: 9755 DOGWOOD ROAD, SUITE 300
City-St-Zip: ROSWELL, GA 30075

Title: S (X) Change () Addition
Name: COUGHLIN, JOSH
Address: 9755 DOGWOOD ROAD, SUITE 300
City-St-Zip: ROSWELL, GA 30075

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

CEO

05/01/2003

Electronic Signature of Signing Officer or Director

_____ Date