

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90004 033 ***550.00

DOCUMENT # F99000006255

1. Entity Name
CARE FOR ME, INC.



Principal Place of Business: **2601 SOUTH BAYSHORE DRIVE, SUITE 1146 MIAMI FL 33133**
 Mailing Address: **2601 SOUTH BAYSHORE DRIVE, SUITE 1146 MIAMI FL 33133**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **1111 KANE CONCOURSE SUITE 618 BAY HARBOR, FL 33154**
 3. Mailing Address: **1111 KANE CONCOURSE SUITE 618 BAY HARBOR, FL 33154**

4. FEI Number: **65-0949431**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent:
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent:
 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: _____ (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.
FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MONDSHINE, ROBERT B M.D.	
STREET ADDRESS	134 BAL BAY DRIVE	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	MATZNER, GARY C	
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE, SUITE 1146	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1111 KANE CONCOURSE, SUITE 618	
STREET ADDRESS	BAY HARBOR, FL 33154	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CHARLES DAVID ROBERTS	
STREET ADDRESS	1111 KANE CONCOURSE, SUITE 618	
CITY-ST-ZIP	BAY HARBOR, FL 33154	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D LAUREL MONDSHINE	
STREET ADDRESS	1111 KANE CONCOURSE, SUITE 618	
CITY-ST-ZIP	BAY HARBOR, FL 33154	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D TOM USILTON	
STREET ADDRESS	1111 KANE CONCOURSE, SUITE 618	
CITY-ST-ZIP	BAY HARBOR, FL 33154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **X** **SIGNATURE REQUIRED**
 Date: **8/10/00** Daytime Phone #: **305-867-1117**