

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 15, 2000 8:00 am**
Secretary of State

05-15-2000 90268 021 ***150.00

DOCUMENT # L19230

1. Entity Name

CYBER-CARE, INC.

Principal Place of Business

Mailing Address

**1903 S CONGRESS AVE #400
BOYNTON BCH FL 33426
US****1903 S CONGRESS AVE #400
BOYNTON BCH FL 33426-6559
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0158479

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Daniel W. Bivins, Jr.

Street Address (P.O. Box Number is Not Acceptable)

1903 S. Congress Ave.**Suite 400**

City

Boynton Beach**FL**

Zip Code

33426**DAVIS III, E. NICHOLAS
1903 S. CONGRESS AVE
STE 400
BOYNTON BEACH FL 33426**

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]***Daniel W. Bivins, Jr.****4/28/00**

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP | CEO MORRELL, MICHAEL F 1903 S CONGRESS AVE SUITE 400 BOYNTON BCH FL 33426 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V /D Dana J. Pusateri 1903 S. Congress Ave., Suite 400 Boynton Beach, FL 33426 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ORLANDO, TED 1903 S CONGRESS AVE SUITE 400 BOYNTON BCH FL 33426 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V /D John Haines 1903 S. Congress Ave., Suite 400 Boynton Beach, FL 33426 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS MOORE, LINDA 1903 S CONGRESS AVE SUITE 400 BOYNTON BCH FL 33426 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Robert Coleman 1903 S. Congress Ave # 400 Boynton Beach FL 33426 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P D PERSHES, PAUL 1903 S CONGRESS AVE, SUITE 400 BOYNTON BCH FL 33426 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V /D Louis R. Capece 1903 S. Congress Ave., Suite 400 Boynton Beach, FL 33426 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO KOBIRIN, ARTHUR 1903 S. CONGRESS AVE, SUITE 400 BOYNTON BEACH FL 33426 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V /Chief Accounting Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BARBER, GLEN E 1903 S CONGRESS AVE, SUITE 400 BOYNTON BCH FL 33426 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Terry Lazar 1903 S. Congress Ave., Suite 400 Boynton Beach, FL 33426 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

CR2E034 (9/99)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda Moore 4/28/00 (561) 737-2227

Date

Daytime Phone #