

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90184 004 ***150.00

DOCUMENT # L19230

1. Entity Name

CYBER-CARE, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

2500 Quantum Lakes Drive

Suite, Apt. #, etc.

Ste. 1000

City & State

Boynton Beach, FL

Zip

33426

Country

USA

3. Mailing Address

2500 Quantum Lakes Drive

Suite, Apt. #, etc.

Ste. 1000

City & State

Boynton Beach, FL

Zip

33426

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0158479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Rodger L. Hochman

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

2500 Quantum Lakes Drive, Ste. 1000

City

Boynton Beach

FL

Zip Code

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

Rodger L. Hochman, Esq.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/01

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, 2001 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

TITLE	CEOD	<input type="checkbox"/> Delete
NAME	MORRELL, MICHAEL F	
STREET ADDRESS	1903 S CONGRESS AVE SUITE 400	
CITY-ST-ZIP	BOYNTON BCH FL 33426	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORLANDO, TED	
STREET ADDRESS	1903 S CONGRESS AVE SUITE 400	
CITY-ST-ZIP	BOYNTON BCH FL 33426	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MOORE, LINDA	
STREET ADDRESS	1903 S CONGRESS AVE SUITE 400	
CITY-ST-ZIP	BOYNTON BCH FL 33426	
TITLE	P D	<input type="checkbox"/> Delete
NAME	PERSHES, PAUL	
STREET ADDRESS	1903 S CONGRESS AVE, SUITE 400	
CITY-ST-ZIP	BOYNTON BCH FL 33426	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	KOBIRIN, ARTHUR	
STREET ADDRESS	1903 S. CONGRESS AVE, SUITE 400	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARBER, GLEN E	
STREET ADDRESS	1903 S CONGRESS AVE, SUITE 400	
CITY-ST-ZIP	BOYNTON BCH FL 33426	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2500 Quantum Lakes Drive, Ste. 1000
CITY-ST-ZIP	Boynton Beach, FL 33426
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2500 Quantum Lakes Drive, Ste. 1000
CITY-ST-ZIP	Boynton Beach, FL 33426
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVP/S
STREET ADDRESS	2500 Quantum Lakes Drive, Ste. 1000
CITY-ST-ZIP	Boynton Beach, FL 33426
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2500 Quantum Lakes Drive, Ste. 1000
CITY-ST-ZIP	Boynton Beach, FL 33426
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2500 Quantum Lakes Drive, Ste. 1000
CITY-ST-ZIP	Boynton Beach, FL 33426
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVP/T
STREET ADDRESS	2500 Quantum Lakes Drive, Ste. 1000
CITY-ST-ZIP	Boynton Beach, FL 33426
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	Lazar, Terry
CITY-ST-ZIP	2500 Quantum Lakes Drive, Ste. 1000 Boynton Beach, FL 33426

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

Paul C. Pershes

Date

Daytime Phone #

4-18-01 561-742-5000

CR2E034 (10/00)

0296016

Attachment
AW57047

Cyber-Care, Inc.
2500 Quantum Lakes Drive, Suite 1000
Boynton Beach, FL 33426
Document #: L19230
FEI #: 65-0158479

LIST OF OFFICERS AND DIRECTORS

Directors:

Michael F. Morrell
Paul C. Pershes
Dana Pusateri
John E. Haines
Ted Orlando
Terry Lazar
Alan Adelson
Peter Murphy

Officers:

Michael F. Morrell	CEO
Paul C. Pershes	President
Dana Pusateri	Sr. Vice President/COO
John E. Haines	Sr. Vice President/Technology Services
Linda Moore	Sr. Vice President/Secretary
Arthur Kobrin	Sr. Vice President/Treasurer
Daniel W. Bivins, Jr.	Sr. Vice President
Rodger L. Hochman	Sr. Vice President