2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 27, 2004 8:00 am Secretary of State

DOCUMENT # N0200005683 1. Entity Name CARELINK INTERNATIONAL, INC.						02-27-200	04 90021	038 ****	61.25	
430 CENTER STREET 43			Mailing Address 430 CENTER STREET JUPITER, FL 33458			 			 	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01282004 C	hg-NP	CR2E0	37 (10/03)		
City & State		City & State			4. FEI Number 01-072486	38		No	oplied For of Applicable	
Zip	Country	Zip	Сои	ntry	5. Certificate of S	tatus Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
MAGGARD, RONALD B 430 CENTER STREET			Street Address (P.O. Box Number is Not Acceptable)							
JUPITÉR			Street Address (Not Acceptat	oie)			
· · ·				City	City FL Zip Code					
	named entity submits this statement tions of registered agent.	for the purpose of changing	its registere	ed office or regist	ered agent, or both, in	the State of F	lorida. I am	familiar with,	and accept	
1.0 00.194									Į.	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	NOTE: Registered		ed when reinstaling)		DATE			
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		O Floation	Carragian Fi	innanian	AF 00	Τ	Maka ahaal	k navahla t		
	Filing Fee is \$61.25 Due by May 1, 2004		Campaign Fi nd Contribution		\$5.00 May Be Added to Fees			k payable to		
10.	Due by May 1, 2004 OFFICERS AND	Trust Fu	nd Contribution	ion.	\$5.00 May Be Added to Fees	Flo	orida Depar	tment of SI	tate	
10. TITLE NAME	Due by May 1, 2004	Trust Fu	nd Contributi	on.		Flo	orida Depar	tment of Si	tate	
TITLE NAME STREET ADDRESS	Due by May 1, 2004 OFFICERS AND I D MAGGARD, RONALD B 430 CENTER STREET	Trust Fu	11. TITLE NAME	E E ADDRESS		Flo	Department of the Certain Cert	tment of SI	tate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2004 OFFICERS AND I D MAGGARD, RONALD B 430 CENTER STREET JUPITER, FL 33458	Trust Fu	11. TITLE NAME STREE CITY-	en		Flo	orida Depar	RECTORS IN	I 10 Addition	
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE