

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90379 014 ****61.25

DOCUMENT # N47317

1. Entity Name

CARELINK PARTNERS, INC.

Principal Place of Business

Mailing Address

**201 PINELOCH
 SUITE 23
 ORLANDO FL 32806
 US**

**1414 KUHLE AVENUE
 MP2
 ORLANDO FL 32806
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3110868

Applied For

Not Applicable

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

**BOGNER, JAMES B
 225 E. ROBINSON ST
 STE. 600
 ORLANDO FL 32801**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWLEY, EDWARD W 600 COURTLAND ST #100 ORLANDO FL 32804	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HILLENMEYER, JOHN 600 COURTLAND ST #100 ORLANDO FL 32804	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELSWICK, SHANNON 600 COURTLAND ST #100 ORLANDO FL 32804	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HODGES, KARL 1414 KUHLE AVENUE ORLANDO FL 32806	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN, PAUL 1414 KUHLE AVENUE ORLANDO FL 32806	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC HARRELL, ROBERT M 1414 KUHLE AVENUE ORLANDO FL 32806	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLENMEYER, JOHN 1414 KUHLE AVE., MP4 ORLANDO, FL 32806	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELSWICK, SHANNON 1414 KUHLE AVE., MP1 ORLANDO, FL 32806	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HODGES, KARL 1414 KUHLE AVE. MP 71 ORLANDO, FL 32806	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GOLDSTEIN, PAUL 1414 KUHLE AVE., MP2 ORLANDO, FL 32806	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 REQUIRED

4-15-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2037 (9/01)