

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90204 045 ****70.00

DOCUMENT # N94000004697

1. Entity Name

PROXY CARE MANAGEMENT, INC.



Principal Place of Business

**7444 TEXAS TRAIL
BOCA RATON FL 33487**

Mailing Address

**7444 TEXAS TRAIL
BOCA RATON FL 33487**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

512 SW BADGER TERRACE

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FLORIDA

Zip

34953

Country

USA

4. FEI Number **APPLIED FOR**

650666561

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional**

Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SANDRA J. HARRISON
7444 TEXAS TRAIL
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name

SANDRA J. HARRISON

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

512 S.W. BADGER TERRACE

City

PORT ST. LUCIE

FL

Zip Code

34953

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sandra J. Harrison **SANDRA J. HARRISON, DIRECTOR**

2-14-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HARRISON, SANDRA J**
STREET ADDRESS **7444 TEXAS TRAIL**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **D** ☐ Delete
NAME **BROWN, THOMAS A**
STREET ADDRESS **509 W. 121ST ST., #812**
CITY-ST-ZIP **NEW YORK NY 10027**

TITLE **D** ☐ Delete
NAME **TARA LYNN SMITH**
STREET ADDRESS **7444 TEXAS TRAIL**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☐ Delete
NAME **BROWN, MAPY**
STREET ADDRESS **509 W 121ST ST., #812**
CITY-ST-ZIP **NEW YORK NY 10027**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **512 S.W. BADGER TERRACE**
CITY-ST-ZIP **PORT ST. LUCIE, FL 34953**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4085 ALPINIA COURT SOUTH**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E037 (10/02)

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:

Sandra J. Harrison **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA J. HARRISON, DIR 2-14-03 561-289-2931