

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90213 035 ***150.00

DOCUMENT # P00000000044

1. Entity Name
ECHOCARE, INC.



Principal Place of Business
**2723 POLK STREET
HOLLYWOOD FL 33020**

Mailing Address
**P.O. BOX 228835
HOLLYWOOD FL 33022**

2. Principal Place of Business

3. Mailing Address

2723 Polk Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hollywood Florida

Zip

Country

33020

Country

"America"

4. FEI Number **65-0988305**

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

7. Name and Address of New Registered Agent

**CAPELLUZZO, JOSEPH
2723 POLK STREET
HOLLYWOOD FL 33020**

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 officer or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the registered agent.

SIGNATURE

[Signature] **Sorry**

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CAPELLUZZO, JOSEPH**
STREET ADDRESS **2723 POLK STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 607, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Date

Daytime Phone #

14 April 2003 954-993-3246

CR2E034 (10/02)