FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # *PODDOOD 75230*

1. Entity Name V Co Es



FILED Mar 24, 2004 8:00 am Secretary of State

03-24-2004 90044 006 ***150.00

Black Creek Care Inc									
DO NOT WRITE IN THIS SPACE							24028045		
2. Principal Place of Business 3. Mailing Address							2404	0043	
2696 Blanding Blue 242 Edge wat					er Branch Dr				
Suite Approprie			Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPACE	<u> </u>
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DO_NOT_WRITE					-Street Address (P.OBox Number is Not Acceptable) RV2 Edge water Branch Dr				
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	named entity sub tions of registered		the purpose of changing i	its registere	d office or regi	stered age	nt, or both, in the State of Florida.	I am familiar	with, and accept
SIGNATURE .		nted name of registered agent a	nd title if applicable. (No	OTE: Registered	Agent signature req	uired when rein	nstating)	DATE	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State							Election Campaign Financia Trust Fund Contribution.	ıâ □	\$5.00 May Be Added to Fees
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indicated	on this report or s	supplemental report is	true and accurate and that	ior ine exem t my signati	ipilon stated in ire shall have t	n Section 1" he same le	19.07(3)(i), Florida Statutes. I furtlegal effect as if made under oath;	ner certify that that I am an i	tine information 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 on an attachment with an address, with all other like empowered.

Daytime Phone #