

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000095116

FILED  
May 01, 2002 8:00 AM  
Secretary of State

Entity Name: VERICARE OF FLORIDA, INC.

**Current Principal Place of Business:**

8322 CLAREMONT MESA BLVD. #203  
SAN DIEGO, CA 9211 1317

**New Principal Place of Business:**

4715 VIEWRIDGE AVENUE  
230  
SAN DIEGO, CA 921231680

**Current Mailing Address:**

8322 CLAREMONT MESA BLVD. #203  
SAN DIEGO, CA 9211 1317

**New Mailing Address:**

4715 VIEWRIDGE AVENUE  
SAN DIEGO, CA 921231680

FEI Number: 33-0931841

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MIKOS, CYNTHIA A ESQ.  
205 NORTH PARSONS AVENUE  
SUITE A  
BRANDON, FL 335104515 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COOPER, M.D., THOMAS P  
Address: 205 NORTH PARSONS AVENUE SUITE A  
City-St-Zip: BRANDON, FL 335104515

Title: VPST ( ) Delete  
Name: CASCIANI, PHD, JOSEPH M  
Address: 205 NORTH PARSONS AVENUE SUITE A  
City-St-Zip: BRANDON, FL 335104515

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH M. CASCIANI, PH.D.

VPST

05/01/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date