2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003
Secretary of State

DOCUMENT# P00000114574

Entity Name: FLETCHER'S HEALTHCARE MANAGEMENT, INC.

Current Principal Place of Business:

3135 BLUFF RD
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

PO BOX 3489
HOLIDAY, FL 34690

New Mailing Address:

FEI Number: 72-1361591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLETCHER, LINDA L
3135 BLUFF BLVD
HOLIDAY, FL 34691 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: FLETCHER, LINDA L
Address: PO BOX 3489
City-St-Zip: HOLIDAY, FL 34690

Title: DV ( ) Delete
Name: RUSSELL, JANIS L
Address: PO BOX 3489
City-St-Zip: HOLIDAY, FL 34690

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: LINDA FLETCHER PRES 01/08/2003

Electronic Signature of Signing Officer or Director — Date