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SECRETARY OF STATE TALLAHASSEE FLORIDA

AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000017450											
1. Entity Name ELDER CARE DIRECTIONS, INC.											
Principal Plac 2115 ROCK MARGATE, FL	Mailing Address 2115 ROCK ISLAND R MARGATE, FL 33063	ROCK ISLAND ROAD									
2. Principal Place of Business			3. Mailing Address								
Suite, Apt, #, etc.			Suite, Apt. #, etc.				CHECK HERE IF N	AKING (HANGES		
City & State			City & Stale			4	4. FEI Number 58-2633187			plied For a Applicable]
ZIp		Country	Zip	Coun	itry	5	. Certificate of Status Desired	□ \$	8.75 Add	fitional d	
	6. Name	and Address of Current	Registered Agent			7.	Name and Address of New Regi	stered Aç	ent]
TRICK, WILLIAM WATSON JR.					Name						
1216 E. ATL SUITE 7 POMPANO					Street Address (P.O. Box Number Is Not Acceptable)						
					City			FL	Zip Cod	e	1
8. The above the obligat	named entitions of regist	y submits this statement for ered agent.	or the purpose of changing	its registere	ed office o	r registered :	agent, or both, in the State of Florida	a. 1 am fa	millar with,	and accept	1
SIGNATURE .	Signature, typed	or primed name of registered again	Land (ide Yapplicable). (N	VOTE: Regis bra	d Agen(Signal	mer sychology mys	n MinStarling)	DATE			
Afti Make Check	FILE NOW! er May 1, 2 Amended Payable to	II. FEE IS \$150.00 303 Fee will be \$550.0 UBR is \$61.26 5 Florida Department	0				Election Campaign Finance Trust Fund Contribution.	ing		O May Be to Fees	
10.	- AND THE PARTY OF	OFFICERS AND	DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICE	RS AND (DIRECTOR	S IN 11	1
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	ertify that the	information supplied with	h this filing does not qualify			L led in Section	n 119.07(3)(i). Florida Statutes. I furi	ther certif	v that the in	nformation	1
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 ecoporation of 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 a fattechment with an address, with all other like empowered.											
SIGNATURE MIT DLE a Drugge Sona Luciano President 8/21/03											