2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

793 NW 123 DR

3. Mailing Address

CORAL SPRINGS FL 33071

P01000083193 DOCUMENT

1. Entity Name

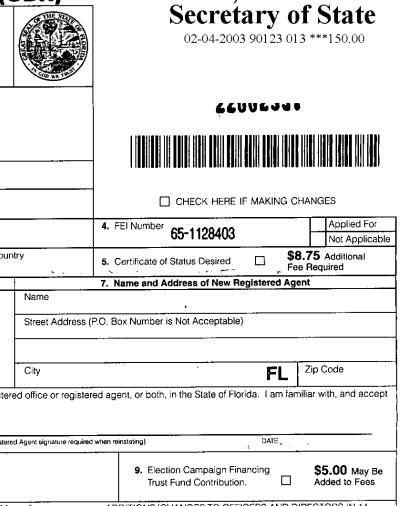
793 NW 123 DR

GEMCARE, INC.

Principal Place of Business

CORAL SPRINGS FL 33071

2. Principal Place of Business



FILED

Feb 04, 2003 8:00 am

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country Zio 6. Name and Address of Current Registered Agent ROBERTS, FALINE 793 NW 123 DR CORAL SPRINGS FL 33071 8. 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. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change* ___ Addition ☐ Delete TITLE TITLE ROBERTS, FALINE NAME STREET ADDRESS 793 NW 123 DR STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME ROBERTS, LENNY STREET ADDRESS STREET ADDRESS 793 NW 123 DR CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME ROBERTS, MARC STREET ADDRESS 793 NW 123 DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1 Change ☐ Addition □ Delete THIE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

OR PRINTED NAME OF

(10/02)CR2E034