


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90123 013 \*\*\*150.00

<b>DOCUMENT #</b> P01000083193	
<b>1. Entity Name</b> GEMCARE, INC.	

<b>Principal Place of Business</b> 793 NW 123 DR CORAL SPRINGS FL 33071	<b>Mailing Address</b> 793 NW 123 DR CORAL SPRINGS FL 33071
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 65-1128403	Applied For
	Not Applicable

<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
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<b>7. Name and Address of New Registered Agent</b>
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<b>ROBERTS, FALINE</b> 793 NW 123 DR CORAL SPRINGS FL 33071
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Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

**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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

<b>10. OFFICERS AND DIRECTORS</b>
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<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
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TITLE	P	<input type="checkbox"/> Delete
NAME	ROBERTS, FALINE	
STREET ADDRESS	793 NW 123 DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBERTS, LENNY	
STREET ADDRESS	793 NW 123 DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROBERTS, MARC	
STREET ADDRESS	793 NW 123 DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Falene Roberts* **2/1/03** **(954) 255-5066**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)