

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000017531

FILED
Apr 29, 2003
Secretary of State

Entity Name: CARE OPTIONS, INC.

Current Principal Place of Business:

837 N GARLAND AVE
ORLANDO, FL 32801

New Principal Place of Business:

101 TIMBERLACHEN CIRCLE
#102
LAKE MARY, FL 327466124 US

Current Mailing Address:

PO BOX 520635
LONGWOOD, FL 327520635

New Mailing Address:

PO BOX 952736
LAKE MARY, FL 327952736 US

FEI Number: 43-1950998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DECUBELLIS, DANIEL L
837 N GARLAND AVE
ORLANDO, FL 32801

Name and Address of New Registered Agent:

KENOVICH, JANE F
101 TIMBERLACHEN CIRCLE
102
LAKE MARY, FL 327466124 US

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: JANE KENOVICH

04/29/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DECUBELLIS, DANIEL L
Address: 837 N GARLAND AVE
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: KENOVICH, JANE F PRES
Address: 101 TIMBERLACHEN CIRCLE #102
City-St-Zip: LAKE MARY, FL 327466124 US

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: JANE KENOVICH

PRES

04/29/2003

Electronic Signature of Signing Officer or Director

Date