

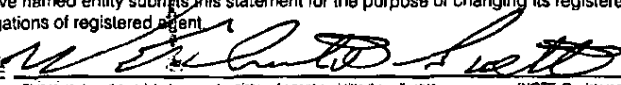



2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/3.

FILED
Apr 03, 2003 8:00 am
Secretary of State

03-03-2003 90486 031 ***150.00

DOCUMENT # P02000033420 1. Entity Name HERITAGE CARE GROUP, INC.					
Principal Place of Business 2600 N.E. 14TH STREET CAUSEWAY POMPANO BEACH FL 33062				Mailing Address 2600 N.E. 14TH STREET CAUSEWAY POMPANO BEACH FL 33062	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 <input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 43-2003976				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, MICHELE M 2600 N.E. 14TH STREET CAUSEWAY POMPANO BEACH FL 33062				7. Name and Address of New Registered Agent Name W. Thornton Scott Street Address (P.O. Box Number is Not Acceptable) MacLean and Ema 2600 N.E. 14th Street Causeway City Pompano Beach FL Zip Code 33062	
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  DATE 2/28/03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEES \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLAZER, REXFORD S JR. 2600 N.E. 14TH STREET CAUSEWAY POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Frederick R. MacLean 2600 N.E. 14th Street Cswy. Pompano Beach, Florida 33062		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAZELTINE, SHERI L 2600 N.E. 14TH STREET CAUSEWAY POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Trustee <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Anne B. MacLean 2600 N.E. 14th Street Cswy. Pompano Beach, Florida 33062		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACLEAN, FREDERICK R 2600 N.E. 14TH STREET CAUSEWAY POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MACLEAN, ANNE B 2600 N.E. 14TH STREET CAUSEWAY POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  2/28/03 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034 (10/02)