

**FILED**  
**Jun 23, 2003 8:00 am**  
**Secretary of State**

06-23-2003 90056 033 \*\*\*150.00

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

**DOCUMENT # P02000042588**

1. Entity Name  
**MARANATHA CARE, INC**



Principal Place of Business  
 3195 CORAL LAKE DRIVE  
 CORAL SPRINGS, FL 33065

Mailing Address  
 3195 CORAL LAKE DRIVE  
 CORAL SPRINGS, FL 33065

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
 11-3452775

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**AUGUSTIN, JOCELYN**  
 3195 CORAL LAKE DRIVE  
 CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

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 electing)

DATE



9. Election Campaign Financing Trust Fund Contribution.  \$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	Delete
	<b>AUGUSTIN, JOCELYN</b>	<b>3195 CORAL LAKE DRIVE</b>	<b>CORAL SPRINGS, FL 33065</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 I/Us empowered.

SIGNATURE: *J. Augustin* President

4-26-03

Date

Daytime Phone #

CR2E004 (10/02)