2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 22, 2003 8:00 am Secretary of State 05-01-2003 90196 034 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME TITLE NAME NAME NAME NAME NAME CITY-ST-ZIP TITLE CHange Addition NAME STREET ADDRESS CITY-ST-ZIP	DOCUMENT # P0200058634 1. Entity Name THE SURE-CARE NETWORK, INC.			-	130.00	
Suite, Apt. #, etc. Suite, Ap	2817 FOUNTAIN BLVD 2817 FOUNTAIN BLVD					
City & State Country Country Country Country S. Certificate of Status Desired	Principal Place of Business 3. Mailing Address			-	1188 14111 B1Q1 (888	
Zip Country Zip Country S. Certificate of Stetus Desired S.7.5 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required 6. Name and Address (P.O. Box Number is Not Acceptable) 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 abditional or registered agent, or both, in the State of Florida. I am familiar with, and accept the abditional or registered agent, or both, in the State of Florida. I am familiar with, and accept the Address of Registered agent, or both, in the State of Florida. I am familiar with, and accept the abdress of Registered agent, or both, in the State of Florida. I am familiar with, and accept the abdress of Registered agent, or both, in the State of Florida. I am familiar with, and accept the abdress of Registered agent, or both, in the State of Florida. I am familiar with, and accept the abdress of Registered agent, or both, in the State of Florida. I am familiar with, and accept the abdress of Registered agent, or both, in the State of Florida. I am familiar with, and accept the abdress of Registered agent, or both, in the State of Florida. I am familiar with, and accept the abdress of Registered agent, or both, in the State of Florida. I am familiar with, and accept the abdress of Registered agent, or both, in the State of Florida. I am familiar with, and accept the abdress of Registered agent, or both, in the State of Florida. I am familiar with, and accept the abdress of Registered agent, or both, in the State of Florida. I am familiar with, and accept the abdress of Registered agent, or both, in the State of Florida. I am familiar with, and accept the abdress of Registered Agent agent, and accept the ab	Suite, Apt. #, etc. Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Requised 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Street Address (F.O. Box Number is Not Acceptable) GANTHER, JAMES S STREET ADDRESS CITY-ST-ZIP TILE NAME STREET	City & State	City & State		4. FEI Number 5-3062078	+	
GANTHER, JAMES S 238 E DANS BLVD STE 309 TAMPA FL 33606 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 and of registered agent and the fapolitable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Marke Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE MAKE STREET ADDRESS CITY-ST-ZP TITLE MAKE STREET ADDRESS CITY-ST-ZP Delete TITLE MAKE STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP Delete TITLE MAKE STREET ADDRESS CITY-ST-ZP CITY	Zip Countr	y Zip	Country	5. Certificate of Status Desired See Reg	Additional	
GANTHER, JAMES S 238 E DANS BLVD STE 309 TAMPA FL 33606 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE MAKE STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition Addition Change Addition Addition Change Addition Addition Change A	6. Name and Add	ress of Current Registered Agent	<u> </u>	<u></u>		
TAMPA FL 33606 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW IN FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Marke Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE INVAME STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE Addition Addition Addition STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CIT						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent. SIGNATURE SIGNATU	i I Stre			et Address (P.O. Box Number is Not Acceptable)		
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 pretted name of registered agent and title if applicable. (NOTE Registered Agent signature required when retriateing) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTLE WILL IMAN C. BLEDSOE STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Delete TITLE Addition Change Addition Addition Change Addition	TAMPA FL 33606	•		•		
the obligations of registered agent. Signature Signature Spord or printed name of registered agent and little if applicable. (INOTE: Registered Agent elignature required when reinstating) FILE NOW IN FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Marke Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP			City	City FL Zip Code		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTLE I			registered office or register	red agent, or both, in the State of Florida. I am familiar w	ith, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PRESIDENT Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	SIGNATURE Signature, typed or printed na	ne of registered agent and title if applicable, (NOTE	E: Registered Agent signature required	, when reinstating) DATE	}	
TITLE Delete TITLE TITLE Delete	After May 1, 2003 Fee w	III be \$550.00			5.00 May Be ded to Fees	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME CITY-ST-ZIP TITLE CHange Addition CHANGE STREET ADDRESS CITY-ST-ZIP	10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME CITY-ST-ZIP TITLE CHange Addition CHANGE STREET ADDRESS CITY-ST-ZIP	TITLE : PRESIDE : NAME WILLIAM STREET ADDRESS 2817 WES CITY-STAZIP TAMPA,	VT Detete 1 C. BLEDSOE T FOUNTAIN BLUD. FL. 33609	NAME STREET ADDRESS	☐ Chang	De Dyper Dyp	
NAME STREET ADDRESS CITY-ST-ZIP NAME CITY-ST-ZIP	TITLE NAME STREET ADDRESS		i name Street address	☐ Chang	Addition &	
THE Change Addition	NAME STREET ADDRESS	☐ Delete	STREET ADDRESS	☐ Chang	e Addition	
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS	☐ Delete ·	STREET ADDRESS	☐ Chang	ge Addition	
TITLE TITLE TITLE TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition CHANGE CHANGE CHY-ST-ZIP	NAME STREET ADDRESS	☐ Delete	NAME STREET ADDRESS	☐ Chang	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-7IP		NAME STREET ADDRESS CITY-ST-ZIP			

changed, or on an attachm