2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003
Secretary of State

DOCUMENT# P02000069953

Entity Name: SECURE CARE MANAGEMENT, INC.

Current Principal Place of Business:

2867 LONG VIEW DR
CLEARWATER, FL 33761

New Principal Place of Business:

2064 SUNSET POINT ROAD, SUITE 75
CLEARWATER, FL 33765

Current Mailing Address:

2867 LONG VIEW DR
CLEARWATER, FL 33761

New Mailing Address:

2064 SUNSET POINT ROAD, SUITE 75
CLEARWATER, FL 33765

FEI Number: 54-2069864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOTZER, SUSAN A
2867 LONG VIEW DR
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

CANDIANO, GRACE M
2064 SUNSET POINT ROAD, SUITE 75
CLEARWATER, FL 33765 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: GRACE M. CANDIANO 04/23/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: STOTZER, SUSAN A
Address: 2867 LONG VIEW DR
City-St-Zip: CLEARWATER, FL 33761

Title: D ( ) Delete
Name: CANDIANO, GRACE M
Address: 2064 SUNSET POINT RD., SUITE 75
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DPST (X) Change ( ) Addition
Name: CANDIANO, GRACE M
Address: 2064 SUNSET POINT RD., SUITE 75
City-St-Zip: CLEARWATER, FL 33765

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: GRACE M. CANDIANO PRES 04/23/2003
Electronic Signature of Signing Officer or Director Date