2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 07, 2003 8:00 am Secretary of State

DOCUMENT # P02000118139 1. Entity Name PATRIOTIC CARE MANAGEMENT, INC.							04-07-2003 909	969 04	2 ***1	50.00	
Principal Place of Business			Mailing Address			1			,		
12911 OAK SHADOW PLACE			12911 OAK SHADOW PLACE								
TANPA, FL 33624 US			TAMPA, FL 33624 US								.
2. Principal Place of Business			3. Mailing Address			1					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. F	4. FEI Number 33-1029427 Applied Fo			pplied For of Applicable	-
Zip	Zip Country		Zip Coun		try 5. (Certificate of Status Desired	\$8 Fo	3.75 Ad e Require	ditional ad	
	and Address of Current	Registered Agent				7. Name and Address of New Registered Agent					
KAGAN, EDWIN					Name						
2709 ROCH 102	CY POINT D	RIVE		Street Address (P.O. Box Number is Not Acceptable)							
TAMPA, FL 33607								_			1
					City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Coo	se	1
 The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent. 							ent, or both, in the State of Florida.	lam fam	illar with	, and accept	1
SIGNATURE	Signature, typed	Or printed numb of registered agents	med title if application. (NO	TE Repaire	d Agent Signature require	ul when st	installing) C	ATE			
FILE NOW!!) FEE IS (155.00 After May 1, 2003, Fee will be \$556,00 Make Check Payable to Florida Department of States							Election Campaign Financing Trust Fund Contribution.	3		00 May Be d to Fees	
10.	_	OFFICERS AND	DIRECTORS	11.		AD	 DITIONS/CHANGES TO OFFICERS	AND D	RECTOF	IS IN 11	_
TITLE BLANE	P ATVING B	BENJAMIN A	Delete	1ITUE NAME	}] Change	Addition	O/QZ
STREET ADDRESS CITY-ST-ZP		K SHADOW PLACE		ST RE	ET ADDRESS - ST - 21P						CRZE034 (10/02)
TITLE	T, S		☐ Delete	1/1/10	-) Change	Addition	1 Z
NAME STREET ADDRESS	MORRISON, MARYA 12911 OAK SHADOW PLACE			NAM CT 00	E E1 address						
CITY-ST-ZP	TAMPA, F		ii -		-51-ZIP						
TITLE			☐ Delete	TITLE] Change	Addition	
NA ME STREET ADDRESS	<u> </u>			NAM Stre	ET ADDRESS						
CITY-ST-ZP					-51-2119		·				
TITLE NAME	<u> </u>	•	☐ Delete	TITLE			•	L] Change	Addition	
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CITY-ST-ZP			Delete	TOLE	·ST-2IP		<u> </u>	F	Change	☐ Addition	
NA ME	Ì		Cal Colon	NAME	:			_	, vgs		
STREET ADDRESS CITY-ST-2P	}			a -	ET ADDRESS -ST-21P						
TITLE			☐ Delete	1816			 		Change	Addition	1
NAME STREET ADDRESS				NAME STHE	ET ADDRÆSS						
CITY-ST-2P			_ 	CITY-	ST-ZIP						
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 cath; 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: Marya Morrison 3/31/03 727-224-9522 SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAGO OFFICER OR DIRECTOR CO. D. Company Regions 4											