

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000125069

FILED  
Apr 21, 2003  
Secretary of State

**Entity Name:** MARY SEACOLE HEALTH CARE SERVICES INC.

**Current Principal Place of Business:**

6008 WILEY ST.  
HOLLYWOOD, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

6008 WILEY ST.  
HOLLYWOOD, FL 33023

**New Mailing Address:**

**FEI Number:** 65-0531362

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAWES, DERRICK  
6008 WILEY ST.  
HOLLYWOOD, FL 33023

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DAWES, DERRICK  
Address: 6008 WILEY ST.  
City-St-Zip: HOLLYWOOD, FL 33023

Title: STD ( ) Delete  
Name: DAWES, AZRA  
Address: 6008 WILEY ST.  
City-St-Zip: HOLLYWOOD, FL 33023

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: DAWES, AZRA

STD

04/21/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date