

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000128631

FILED  
May 01, 2003  
Secretary of State

**Entity Name:** AMERI CARE HEALTH BENEFITS, INC.

**Current Principal Place of Business:**

3381 FAIRLANE FARMS ROAD  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

6865 NW 28TH STREET  
MARGATE, FL 33063 US

**New Mailing Address:**

PO BOX 670568  
CORAL SPRINGS, FL 33067 US

**FEI Number:** 83-0343773

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WESTERMARCK, JOEL  
6865 NW 28TH STREET  
MARGATE, FL 33063 US

**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: P ( ) Delete  
Name: WESTERMARCK, JOEL  
Address: 6865 NW 28TH STREET  
City-St-Zip: MARGATE, FL 33063 US

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

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: JOEL WESTERMARCK

P

05/01/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date