⊢ Fe	Fee Required							
tered Agent								
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]					
FL	Zip Cod	e	-					
. I am familiar with, and accept								
DATE]					
ng	\$5.0 Added	0 May Be I to Fees						
RS AND D	IRECTORS	3 IN 11	1 _					
	Change	Addition	02)					
SS			CR2E034 (4/02)					
280X	-654	8	2E0					
	Change	Addition	12					

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

2002	2 UNIFO	KW ROZI	NESS REPOI	KT (UBI	H)	$/$ Jul 23, $\overline{20}$	102 8.00	n am	
1. Entity Nam	MENT # CARE, INC.	P15939	9			Secreta		ate	
Principal Place 100 CORPORIS SUITE 212 BANNOCKBUF			Mailing Address 100 CORPORATE N SUITE 212 BANNOCKBURN IL 60015						
2. Principal Place of Business 485 HALF DAY RD. Suite, Apt. #, etc. 300 3. Mailing Address 495 HALF DAY Suite, Apt. #, etc. 300		Y RD.	DO NOT WRITE IN THIS SPACE			 			
City & State	~ ~	ال	City & State BUFFALO GRU	VE IL	4.	. FEt Number 68-0017853		plied For t Applicable	
Zip 60089-	Cou	ntry A	Zip 190089-10548	Country	5.	Certificate of Status Desired [\$8.75 Add Fee Required		
		dress of Current R	egistered Agent		7. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY 1201 HAYS STREET			Street A	Name Street Address (P.O. Box Number is Not Acceptable)					
TALLAHA	SSEE FL 32301			City			Zip Code	<u> </u>	
				<u>_</u>			r L		
the obligat	ions of registered ag	pent. name of registered agent an	d title if applicable. (NOTE: F	Registered Agent signal	ure required wher	agent, or both, in the State of Florida n reinstating)	DATE		
Tax filing r	oration is eligible to s requirement and ele- ria on back)		After September 13, 3 Make Check Payable		e \$750.00	 Election Campaign Financi Trust Fund Contribution. 	~ _ +	0 May Be to Fees	
11:		OFFICERS AND D	IRECTORS	12.	P	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS	3 IN 11	
TITLE .,	С		☐ Delete	TITLE	DIRE	CTURU	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	Kapoor, John 225 E. Deerpat Lake Forest II	TH #250		NAME STREET ADDRESS CITY-ST-ZIP	HAS H	ANDRESS HILF DAY RD, STESS FALO GROVE, IL LEC	X XB9-654	8	
TITLE NAME STREET ADDRESS	SD BELLEHUMEUR,		Delete	TITLE NAME STREET ADDRESS	DIRECT	NE SHEUDON ALF DAY RD, STE	☐ Change	Addition	
CITY-ST-ZIP	_100 CORPORAT -BANNOCKBURN			CITY-ST-ZIP	buff	ALO GROVE IL	<u> 100005 - 1</u>	1 8160 1	
TITLE NAME ~_	TD Pordel, Carl	\	Delete	TITLE	DIREC		Change	Addition	
STREET ADDRESS_ CITY-ST-ZIP	-100 CORPORAT BANNOCKBURN	E NORTH, SUITE : IL 60015	212	STREET AODRESS CITY-ST-ZIP	7405 BUFE	HALF DAYRD, SIE:	300 00081 - 6H	18	
TITLE NAME	PD Rai, rajat		☐ Delete	TITLE NAME	DIFE	HENIKOFF	Change	Addition	
STREET ADDRESS CITY-ST-ZIP		E NORTH, SUITE :	212	STREET ADDRESS CITY-ST-ZIP	ر داول	HALF DAYKD. STE: PALO GYLVE, IL 6	300 0088- U	548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	305ET	HARY DIRECTOR PH BOWN COOKS HALF DAY PD, STI	Change	RAddition 548	
TITLE			☐ Delete	TITLE	CFO	7,55	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET ADDRESS CITY-ST-ZIP	LUDE H	MASTRIAPA ALF DAYRD, STE 300	ampa-1.5	:4 0	
Unit of the	<u> </u>			511, 01 21	T POT TE	ALO CROVE, IL U	(001-00	10	

13. 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: