2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P17034 **DOCUMENT #**

1. Entity Nan	ne CARE INVESTORS OF AMER	RICA, INC.			03-24-2003 90	0218 032 ***1:	50.00
Principal Place of Business 2940 N. SWAN RD. SUITE 212 TUCSON AZ 85712 US		Mailing Address 2940 N. SWAN_RD. SUITE 212 TUCSON AZ 85712 US			CHECK HERE IF MAKING CHANGES		
2. Principal Place of Business 291450. Ocean Blod. Suite, Apt. #, etc.		3. Mailing Address 2914 So. Ocean Blod. Suite, Apt. #, etc. Luite TH2		l.			
City & Sta		City & State	10	7e 4	. FEI Number 86-0576027		plied For t Applicable
zip 3347		334-78	Country -U-S -		. Certificate of Status Desired	Fee Required	
6. Name and Address of Gurrent Registered Agent				7. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM (address ox)				Name Street Address (P.O. Phys Number is Not Acceptable)			
C/O BAYSHORE CONVENTION CENTER				Aldiess (I.C A Nulliper is INV. Acceptable).			
N-MIAMI-BEACH FL 39160				·		. EL Zip Cod-	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	gistered office or	registere	egent, or both, in the State of Florida.	l am familiar with, a	and accept
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable (NOTE: R	egistered Agent signati	ire required whe	n reinstating)	DATE	
	alginator, typed of printed fizzing of registered agost as						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financin Trust Fund Contribution.		May Be to Fees
	OFFICERS AND 5		11.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS	S IN 11
10.		MILOTORO /	·				
TITLE	S TELLET IOAN M	Delete	TITLE	Pn.	20. Ocean Blod.	☐ Change	☐ Addition
NAME	ZELLER, JOAN M		NAME		B. C. X	levita TH	u
STREET ADDRESS	2940 N. SWAN RD. SUITE 212		STREET ADDRESS	2914	20. Ocean sera ?	21-6	
CITY-ST-ZIP	TUCSON AZ 85712,		CITY-ST-ZIP	din	land Beach, H. 3.	3478	
TITLE	ρ	☐ Delete	TITLE	\mathcal{D}^{o} .	4	☐ Change	☐ Addition
NAME	MARKHAM, F. DALE	_ 55,66	NAME	Joel	Woldsaff Ra 1	1. TH	レード
STREET ADDRESS	2940 N. SWAN RD. SUITE 212		STREET ADDRESS	2914	abeloag Blod.	euce in	
CITY-ST-ZIP	TUCSON AZ 85712		CITY-ST-ZIP	Hind	land Beach, H	<i>33478</i>	
	Na			1			Addition
TITLE	D COADY D	☐ Delete	TITLE			☐ Change	Madilion
NAME	HUNTER, GRADY P.		NAME				
STREET ADDRESS	2940 N. SWAN RD. SUITE 212		STREET ADDRESS				
CITY-ST-ZIP	TUCSON AZ 85712		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE			Change	☐ Addition
NAME	TREFZGER, CHARLES E JR		NAME		3		
STREET ADDRESS	75 S. CHURCH ST. STE. 650		STREET ADORESS				
CITY-ST-ZIP	PITTSFIELD MA 01201		CITY-ST-ZIP				
		n Delete	TITLE			☐ Change	Addition
TITLE NAME	James B. Hylato. 2914 So Ocean Blod. Lighland Beach, 3		NAME			Chango	
	Vigues Dr. BOL	がた TH ア	STREET ADDRESS				
STREET ADDRESS	1/14 so oclan	1 32/178					
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE D	Mary D Cozza	☐ Delete	TITLE			☐ Change	☐ Addition
NAME		1	NAME				
STREET ADDRESS	2914 So Ocean Bl	J. Suite 1H2	STREET ADDRESS				
CITY OF 710	N: 00 1 6. 1	21 221176	CITY ST 7ID	l			

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

| SIGNATURE | Date | Date | Daytime Phone #

FILED

Mar 24, 2003 8:00 am Secretary of State