## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P25899

Name:

Address: City-St-Zip: DEITCH, MICHAEL

620 NORTH CRAYCROFT

TUCSON, AZ 85711 US

Entity Name: CAMELOT CARE CENTERS, INC.

FILED May 01, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
SUITE LL5	DMONT BLVD 50 .E, TN 37205	US	5444 JEFFERSON DA' SUITE 100 FREDERICKSBURG, N		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
620 NORT TUCSON,	H CRAYCRO AZ 85711	FT US			
FEI Number:	: 36-3465604	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
1200 S PIN PLANTAT The above	ORATION SYS NE ISLAND RE TION, FL 333: named entity of Florida.	). 24 US	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
	mpaign Financin S AND DIREC	g Trust Fund Contribution(). TORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CD ( MCCUSKER, F 620 NORTH CF TUCSON, AZ 8	RAYCROPT	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	FAVIS, MARTIN 35 KNOLLWO	) Delete N J DD ESTATE DR. CH, FL 32174 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	ST (	) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL DEITCH ST 05/01/2003