

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90098 016 ****61.25

DOCUMENT # P32224

1. Entity Name

CAREINSTITUTE, INC.

Principal Place of Business

4200 W. CYPRESS
 SUITE 300
 TAMPA FL 33607
 US

Mailing Address

4200 W. CYPRESS
 SUITE 300
 TAMPA FL 33607
 US

2. Principal Place of Business

200 S. Hoover Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Tampa, FL

Zip

33609

Country

3. Mailing Address

200 S. Hoover Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Tampa, FL

Zip

33609

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

95-3806570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD JOHNSON, MARY JANE	<input type="checkbox"/> Delete
STREET ADDRESS	4200 W CYPRESS., STE 300	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE NAME	CT LANDIS, ROBERT J	<input type="checkbox"/> Delete
STREET ADDRESS	4200 W CYPRESS., STE 300	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE NAME	VS WELCH, CATHY J	<input type="checkbox"/> Delete
STREET ADDRESS	4200 WEST CYPRESS SUITE 300	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	200 S. Hoover Blvd, Suite 200
CITY-ST-ZIP	Tampa, FL 33609
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	200 S. Hoover Blvd, Suite 200
CITY-ST-ZIP	Tampa, FL 33609
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	200 S. Hoover Blvd, Suite 200
CITY-ST-ZIP	Tampa, FL 33609
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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 617, 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:

Cathy J. Welch

1-15-02

813-288-4808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)