

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000066826

1. Entity Name

ACTIVE CARE, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90232 004 ***150.00

Principal Place of Business	Mailing Address
2317 BLANDING BLVD 200K JACKSONVILLE FL 32210	2317 BLANDING BLVD 200K JACKSONVILLE FL 32210-4167

2. Principal Place of Business 2317 Blanding Blvd Suite, Apt. #, etc. Ste 3 City & State Jacksonville, FL Zip 32210	3. Mailing Address 2317 Blanding Blvd Suite, Apt. #, etc. Ste 3 City & State Jacksonville, FL Zip 32210
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3275602		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MURPHY, ROBERT W 3215 HENDRICKS AVE SUITE 2 JACKSONVILLE FL 32207		7. Name and Address of New Registered Agent Name Glazier + Glazier, PA Street Address (P.O. Box Number is Not Acceptable) 8761 Perimeter Park Blvd Ste 103 City Jacksonville FL Zip Code 32216

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 Scott L. Glazier, VP DATE 4/25/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELL, STEVEN M 2317 BLANDING BLVD SUITE 3 JACKSONVILLE FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S Sell, Steven W. 2317 Blanding Blvd, Suite 3 Jacksonville FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Steven W Sell DATE 4/23/00 DAYTIME PHONE # 384 8868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)