## 2000 UNIFORM BUSINESS REPORT (UBR)

C/O MARY H YUMIBE C/O MARY H YUMIBE	2000 UNIFORM BUSINESS REPORT (UBR)							$\Delta_{i}$	PPROV	/ED		
FLORIDA CARE CONNECT. INC.  ######15U.U0  #####15U.U0  ######15U.U0  ######15U.U0  ##################################	DOGUMENT # <b>P94000083255</b> 1. Entity Name						FILED					
CO MARY Y TUBBE CONTRY NOTICE CONTRY AND DISCONSISTANT A BARRAMA CA SISTOS 512  2. Principal Place of Buliness  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Country  Country  Applied For  North Respirated Agent  To Country  Applied For  North Respirated Agent  To Country  Applied For  North Respirated Agent  To Country  To Name and Address of Current Registered Agent  To Name and Address of Current Registered Agent  To Country  To Name and Address of North Respirated Agent  To Corporation in State Obstitute  To Corporation in State Obstitute  City  FL Zo Code  Stock Address of North Respirated Agent  To Corporation in State of Blace of								OO MAY	-! AI	18:11		
CO MARY Y TUBBE CONTRY NOTICE CONTRY AND DISCONSISTANT A BARRAMA CA SISTOS 512  2. Principal Place of Buliness  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Country  Country  Applied For  North Respirated Agent  To Country  Applied For  North Respirated Agent  To Country  Applied For  North Respirated Agent  To Country  To Name and Address of Current Registered Agent  To Name and Address of Current Registered Agent  To Country  To Name and Address of North Respirated Agent  To Corporation in State Obstitute  To Corporation in State Obstitute  City  FL Zo Code  Stock Address of North Respirated Agent  To Corporation in State of Blace of	Principal Place of Business Mailing Address					1		SECRE	ARY OF	STATE		
Sure, Apt. #, etc.    Sulle, Apt. #, etc.   Sulle, Apt. #, etc.   DO NOT Writte In This SPACE   City & State   City & State   City & State   A. FE: Number 75-2567282   Applied For Not Applicable For Not	3820 STATE STREET C/O MARY H YUMIBE SANTA BARBARA CA 93105		C/O MARY H YUMIBE				1 <b>:00</b> /1 <b>01</b> 1 111				101 Alži IVVI	
City & State  Country	Principal Place of Business     3. Mailing Address					1						
Country   Zip   Country   S. Confidence of Status Desired   S. 75 Additional Fee Requisited   S. Confidence of Status Desired   S. Confidenc	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				1 (251)	DO NOT WRI	TE IN THIS	SPACE		
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE SIAND ROAD PLANTATION FL 33324  City  FL  Zip Code  Street Address (R.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  City  City  FL  Zip Code  Ci	City & State	9	City & State			<b>4.</b> F	El Number	75-256725	2			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City  FL  Zip Code  City  FL  Zip	Zip	Country	Zip	Country 5			Certificate of	Status Desired				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City FL Zip Code  City FL Zip Code  City FL Zip Code  8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SignATURE  Signature, hosed or priete review of registered agent and time if approaches.  P. This corporation is eligible to satisfy its Intrangible Tax king requirement and elicits to do so.   Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE POCHT, MICHAEL H SR. SIEET AUDRESS  SIEET AUDRE			7. Name and Address of New Registered Agent									
PLANTATION FL 33324  City					Name							
PLANTATION FL 33324  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, posed or presed name of registered open and rise if appealable. (NOTE Registered Agent signature leadered when revisitoria)  9. This corporation is eligible to satisfy its Intrangible Tax filting registered agent, or both, in the State of Florida.  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE P SIDE NOW!!! FEE IS \$150.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE P SIDE NOW!  FOCHT, MICHAEL H SR.  SIRETA ADDRESS 3820 STATE STREET  SIRETA ADDRESS 500 W. Cypress Creek Road  FORT Lauderdale, FL 33309  Charge Addition  MAKE  SINEET ADDRESS 500 W. Cypress Creek Road  FORT Lauderdale, FL 33309  Charge Addition  MAKE  SINEET ADDRESS 500 W. Cypress Creek Road  FORT Lauderdale, FL 33309  Charge Addition  MAKE  SINEET ADDRESS 500 W. Cypress Creek Road  FORT Lauderdale, FL 33309  Charge Addition  MAKE  SINEET ADDRESS 500 W. Cypress Creek Road  FORT Lauderdale, FL 33309  Charge Addition  MAKE  SINEET ADDRESS 500 W. Cypress Creek Road  FORT Lauderdale, FL 33309  Charge Addition  MAKE  SINEET ADDRESS 500 W. Cypress Creek Road  FORT Lauderdale, FL 33309  Charge Addition  MAKE  SINEET ADDRESS 500 W. Cypress Creek Road  FORT Lauderdale, FL 33309  Charge Addition  MAKE  SINEET ADDRESS 500 W. Cypress Creek Road  FORT Lauderdale, FL 33309  Charge Addition  MAKE  SINEET ADDRESS 500 W. Cypress Creek Road  FORT Lauderdale, FL 33309  Charge Addition  MAKE  SINEET ADDRESS 500 W. Cypress Creek Road  FORT Lauderdale, FL 33309  Charge Addition  MAKE  SINEET ADDRESS 500 W. Cypress Creek Road  FORT Lauderdale, FL 33309  Charge Addition  MAKE  SINEET ADDRESS 500 W. Cypress Creek Road  FORT Lauderdale, FL 33300	1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)							
E. 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.    SignAntURE												
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   Signa	1 12-11		770 00-31									
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			this filing does not qualify for			ection	119.07(3)(i).	Florida Statutes.	I further ce	rtify that the in	nformation	

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 at other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

805/563-7075