2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000064304 **DOCUMENT #**

1. Entity Name

CAP CARE OF FLORIDA, INC.



FILED Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90100 042 ***150.00

Services of Page 1												
Suito, Apt. #, etc. City & State Check Here if MAXING CHANGES Applied	8700 OAK SPRINGLANE COLFAX NC 27235			P O BOX 5967 HIGH POINT NC 27262								
City & State Country Country Country Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name BOARDMAN, THOMAS K 1400 15TH ST N, SUITE 201 IMMONALEE FL 33934 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. I am familiar with, and properties of agent. Signature Signature Signature, System Country FLE NoW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.0	2. Principal I	Place of Business	3. Ma	ling Address				111				
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Street Address (P.O. Box Number is Not Acceptable)						Name					· · · · · · · · · · · · · · · · · · ·	
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2. 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iiii), Florida Statutes. I further certification in Section 119.07(3)(iii), Florida Statutes. I further certification 119.07(3)(iiii), Florida Statutes. I further certification	2. I hereby c	ertify that the information supplied	with this filing	does not qualify for	r the exem	nption state	ed in Section	on 119 07/	(3)(i) Florida Status	es I further cor	tify that the in	formation
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR