

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90214 001 ***600.00

DOCUMENT # P96000092580

1. Entity Name
CARELINK MANAGEMENT, INC.

Principal Place of Business 600 COURTLAND ST STE 100 ORLANDO FL 32804 US	Mailing Address 600 COURTLAND ST STE 100 ORLANDO FL 32804 US
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38733



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 201 Pineloch Ste 23 Suite, Apt. #, etc.	3. Mailing Address c/o Paul Goldstein Suite, Apt. #, etc. 1414 Kuhl Ave MP2
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City & State Orlando, FL	City & State Orlando FL	4. FEI Number 59-3415348	Applied For <input type="checkbox"/> Not Applicable
Zip 32806	Country USA	Zip 32806	Country USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**BOGNER, JAMES B
 225 EAST ROBINSON STREET
 SUITE 600
 ORLANDO FL 32801**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRELL, ROBERT B 1414 KUHLE AVENUE ORLANDO FL 32806 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLENMEYER, JOHN W 1414 KUHLE AVENUE ORLANDO FL 32806 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWLEY, EDWARD W 1414 KUHLE AVENUE ORLANDO FL 32806 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELSWICK, SHANNON 600 COURTLAND ST #100 ORLANDO FL 32804 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HODGES, KARL 1414 KUHLE AVENUE ORLANDO FL 32806 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KASSAB, JOHN G 600 COURTLAND ST #100 ORLANDO FL 32804 <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VC Harrell, Robert B 1414 Kuhl Ave Orlando, FL 32806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Hillenmeyer, John W 1414 Kuhl Ave Orlando, FL 32806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Goldstein, Paul 1414 Kuhl Ave Orlando, FL 32806 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELSWICK, SHANNON 1414 Kuhl Ave Orlando, FL 32806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VC Hodges, Karl 1414 Kuhl Ave Orlando, FL 32806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Paul Goldstein* **4/16/01** (407) 841-5155
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)