

# 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

38733



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

201 Pineloch Ste 23

3. Mailing Address

c/o Paul Goldstein  
 Suite, Apt. #, etc.  
 1414 Kuhl Ave MP2

City & State

Orlando, FL

City & State

Orlando FL

4. FEI Number

59-3415348

Applied For

Not Applicable

Zip

Country

USA

Zip

32806

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOGNER, JAMES B  
 225 EAST ROBINSON STREET  
 SUITE 600  
 ORLANDO FL 32801

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	D, VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harrell, Robert B	
STREET ADDRESS	1414 Kuhl Ave	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hillenmeyer, John W	
STREET ADDRESS	1414 Kuhl Ave	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Goldstein, Paul	
STREET ADDRESS	1414 Kuhl Ave	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELSWICK, SHANNON	
STREET ADDRESS	1414 Kuhl Ave	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE	D, VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hodges, Karl	
STREET ADDRESS	1414 Kuhl Ave	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

(407) 841-5155

Daytime Phone #

CR2E034 (10/00)