

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 21, 2003 8:00 am
Secretary of State

0119597 AV

04-21-2003 90358 017 ***150.00

DOCUMENT # P96000092580

1. Entity Name
CARELINK MANAGEMENT, INC.



Principal Place of Business
**201 PINELOCH
SUITE 23
ORLANDO FL 32806
US**

Mailing Address
**C/O PAUL GOLDSTEIN
1414 KUHL AVENUE MP2
ORLANDO FL 32806
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-34 15348**
Applied For
 Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing* **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEMAN, ABE	
STREET ADDRESS	1414 KUHL AVE., MP 61	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	C	<input type="checkbox"/> Delete
NAME	HILLENMEYER, JOHN W	
STREET ADDRESS	1414 KUHL AVE., MP 4	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ELSWICK, SHANNON	
STREET ADDRESS	1414 KUHL AVE., MP 1	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HODGES, KARL	
STREET ADDRESS	1414 KUHL AVE., MP 71	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	DST	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, PAUL	
STREET ADDRESS	1414 KUHL AVE., MP 2	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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** 4/8/03 321-841-5155
Date Daytime Phone #

CR2E034 (10/02)