

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000103610**

1. Entity Name

**PERSONALIZED CARE MANAGEMENT, INC.****FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91247 046 \*\*\*150.00

**551854**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**4369 14TH WAY NE  
ST PETERSBURG FL 33703**

Mailing Address

**4369 14TH WAY NE  
ST PETERSBURG FL 33703**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **65-0727173**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**QUARTETTI, MARY ANN  
4369 14TH WAY NE  
ST PETERSBURG FL 33703**

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

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

TITLE **PD** ☐ Delete  
NAME **QUARTETTI, MARY ANN**  
STREET ADDRESS **4369 14TH WAY NE**  
CITY-ST-ZIP **ST PETERSBURG FL 33703**TITLE **VSTD** ☐ Delete  
NAME **VISGER, ELIZABETH**  
STREET ADDRESS **4369 14TH WAY NE**  
CITY-ST-ZIP **ST. PETERSBURG FL 33703**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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: *MaryAnn Quartetti*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/01

Date

727-502-9866

Daytime Phone #

CR2E034 (10/00)

Attachments



# P6000103610

50/854

**FILING INSTRUCTIONS**

**STATE OF FLORIDA ANNUAL REPORT**

**SIGNATURE AND  
DUE DATE**

Both copies should be signed and dated by an authorized officer of the corporation, with the title and phone number indicated. The original should then be mailed in the enclosed envelope on or before May 1, 2001. We recommend that the return be mailed Certified Return Receipt Requested. Keep the receipt with your copy of the report.

**WHERE TO FILE**

Division of Corporations  
Uniform Business Report Filings  
Post Office Box 1500  
Tallahassee, FL 32302-1500

**PAYMENT**

A check payable to the Secretary of State in the following amount should accompany the return.

\$ 150. (Profit Entity)

\$ \_\_\_\_\_ (Non -Profit Entity)

\$ \_\_\_\_\_ (Includes fee of Registered  
Agent Changes)

**SPECIAL INSTRUCTIONS**

Please verify the accuracy of the information contained in this report, noting any changes on the report before filing.