

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90190 024 \*\*\*150.00

**DOCUMENT # P96000103610**

**1. Entity Name**  
**PERSONALIZED CARE MANAGEMENT, INC.**



**Principal Place of Business**  
**475 CENTRAL AVENUE**  
**SUITE 8102**  
**SAINT PETERSBURG FL 33701**

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

**2. Principal Place of Business**

**4369-14th Way NE**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**  
**St Petersburg FL**

**City & State**

**Zip**  
**33703**

**Country**  
**USA**

**Zip**

**Country**

**4. FEI Number** **65-0727173**

**Applied For**  
**Not Applicable**

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

☒ **CHECK HERE IF MAKING CHANGES**

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

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (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

<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>QUARTETTI, MARY ANN</b>	
<b>STREET ADDRESS</b>	<b>4369 14TH WAY NE</b>	
<b>CITY-ST-ZIP</b>	<b>ST PETERSBURG FL 33703</b>	
<b>TITLE</b>	<b>VSTD</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>VISGER, ELIZABETH</b>	
<b>STREET ADDRESS</b>	<b>4369 14TH WAY NE</b>	
<b>CITY-ST-ZIP</b>	<b>ST PETERSBURG FL 33703</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

**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:** *Mary Ann Quartetti*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/6/3** **727-709-5279**  
**Date** **Daytime Phone #**

CR2E034 (10/02)