

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000021919**

1. Entity Name

**CARE ALLIANCE OF AMERICA, INC.****FILED****Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90059 044 \*\*\*150.00

Principal Place of Business

**CARE ALLIANCE OF AMERICA**  
**SUITE 1-AB**  
**BOCA RATON FL 33433**  
**US**

Mailing Address

**1650 SOUTH DIXIE HIGHWAY**  
**BOCA RATON FL 33432**

2. Principal Place of Business

**3998 FAU BLVD**

3. Mailing Address

**3998 FAU BLVD**

Suite, Apt. #, etc.

**SUITE 110**

Suite, Apt. #, etc.

**SUITE 110**

City &amp; State

**BOCA RATON, FL.**

City &amp; State

**BOCA RATON, FL.**

4. FEI Number

**65-0731740**

Applied For

Not Applicable

Zip

**33431**

Country

**PALM BEACH**

Zip

**33431**

Country

**PALM BEACH**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

**MOSKOWITZ, MICHAEL W**  
**800 CORPORATE DRIVE SUITE 510**  
**FT. LAUDERDALE FL 33334**

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT**  
**HEMLEPP, SALLY J**  
**1650 S. DIXIE HWY. STE. 1-AB**  
**BOCA RATON FL 33432**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/23/01** **561-368-5550**

CR2E034 (10/00)