2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000027062 1. Entity Name CARE CENTERS INC.

FILED May 27, 2002 8:00 am Secretary of State 05-27-2002 90311 024 ***150.00

Principal Place of Business 10415 NORTHCLIFFE BOULEVARD SPRING HILL FL 34608			Mailing Address 10415 NORTHCLIFFE BOULEVARD SPRING HILL FL 34608									
784.		-										
2. Principal Place of Business			3. Mailing Address				4 1 00 /1 00 1 1/ 6 1011/ 1 00 11 1	HORIN ub hir ho rni u			 	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4.	4. FEI Number 59-3433855 Applied For Not Applied be					
Zip		Country	Zip	Cour	Country		5. Certificate of Status Desired				\$8.75 Additional Fee Required	
· Port take reposition	6. Name	and Address of Current F	Registered Agent			7. 1	Name and Address of	New Benister			2 0	
					Name	111111111111	-ame and Address of	rew register	eu Ay	ent		
AMERILAV	VYER CHAR	TERED					<u>.</u>					
343 ALMERIA AVENUE			Street Address			ess (P.O. E	ox Number is Not Acce	eptable)				
	ABLES FL 3											
0018 JE 04	I DELLO I E O	J 101										
					City				FL	Zip Cod	le	
8. The above	named entity	submits this statement for	the purpose of changing	its registere	ed office or rec	aistered ad	ent or both in the State	of Florida				
				_			and a second at the other	or rionau.				
SIGNATURE					1							
* <u>`</u>	Signature, typed c	or printed name of registered agent ar										
		a printed harns of registered agent at	nd title if applicable. (N	OTE: Registered	d Agent signature re	quired when re	instating)	DA	TE			
9. This corpo						quired when re			TE	 .		
9. This corpo	oration is eligit	ole to satisfy its Intangible	FILE NOV	V!!! FEE	IS \$150.00		10. Election Campai	gn Financing		\$5.0	00 May Be	
-₹ax filing :	oration is eligit		FILE NOV	V!!! FEE	IS \$150.00 will be \$550.0	00		gn Financing	.TE		0 May Be	
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