



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91835 003 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000029432			
1. Entity Name THE CARING SOLUTION OF SOUTH FLORIDA, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 130 JFK DRIVE		3. Mailing Address same	
Suite, Apt. #, etc. #203		Suite, Apt. #, etc. same	
City & State ATLANTIS, FL		City & State same	
4. FEI Number 65-0378574	Applied For <input type="checkbox"/> Not Applicable		
Zip 33462	Country PAUM BEACH	Zip same	Country same
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		7. Name and Address of Current Registered Agent	
DO NOT WRITE IN THIS SPACE		Name TAFT, PHYLLIS	
		Street Address (P.O. Box Number is Not Acceptable) 377 SE SOUTHWOOD TRAIL	
		City STUART FL 34997	
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 _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TAFT, PHYLLIS 377 SE SOUTHWOOD TRAIL STUART, FL 34997	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T S AZZOLE, PETER 7115 NW 3RD AVE BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CLIFTON, KATHLEEN 377 SE SOUTHWOOD TRAIL STUART, FL 34997	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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)(f), 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 on an attachment with an address, with all other fees empowered.			
SIGNATURE:  P.J. AZZOLE		Date: 4/29/03 Daytime Phone #: 561 649 0830	

CR2E034B (12/02)