

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000042643**

1. Entity Name

**MED CARE 2000, INC.**

Principal Place of Business

**11904 SEABREEZE COVE LANE  
FT MYERS FL 33908**

Mailing Address

**11904 SEABREEZE COVE LANE  
FT MYERS FL 33908**

2. Principal Place of Business

**6603 Marbletree Lane**

Suite, Apt. #, etc.

3. Mailing Address

**6603 Marbletree Lane**

Suite, Apt. #, etc.

City &amp; State

**Lake Worth FL**

City &amp; State

**Lake Worth FL**

Zip

**33467**

Country

**USA**

Zip

**33467**

Country

**USA**

6. Name and Address of Current Registered Agent

**NEWMAN, PAUL****11904 SEABREEZE COVE LANE  
FT MYERS FL 33908**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**6603 Marbletree Lane**

City

**Lake Worth**

FL

Zip Code

**33467**

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

**Paul Newman - President****1-8-01**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NEWMAN, PAUL</b>	
STREET ADDRESS	<b>11904 SEABREEZE COVE LANE</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33908</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Paul Newman**

Date

**1-8-01**

Daytime Phone #

**561-966-3112****FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90044 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0750546**

Applied For

Not Applicable

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

CR2E034 (10/00)