

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000089710

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: MICROCARE, INC.

Current Principal Place of Business:

1300 NE BUSINESS PARK PL
JENSEN BEACH, FL 34957 US

New Principal Place of Business:

10 PERRIWINKLE CIRCLE
STUART, FL 34996 US

Current Mailing Address:

1300 NE BUSINESS PARK PL
JENSEN BEACH, FL 34957 US

New Mailing Address:

10 PERRIWINKLE CIRCLE
STUART, FL 34996 US

FEI Number: 65-0789358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTWRIGHT, THOMAS
1300 NE BUSINESS PARK PLACE
JENSEN BEACH, FL 34957

Name and Address of New Registered Agent:

CARTWRIGHT, THOMAS
10 PERRIWINKLE CIRCLE
STUART, FL 34996

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:

04/30/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: CARTWRIGHT, ALLISON
Address: 10 PERRYWINKLE CIR
City-St-Zip: STUART, FL 34996

Title: P () Delete
Name: CARTWRIGHT, THOMAS
Address: 10 PERRYWINKLE CIR
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: CARTWRIGHT, ALLISON
Address: 10 PERRIWINKLE CIR
City-St-Zip: STUART, FL 34996

Title: P (X) Change () Addition
Name: CARTWRIGHT, THOMAS
Address: 10 PERRIWINKLE CIR
City-St-Zip: STUART, FL 34996

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLISON CARTWRIGHT

S

04/30/2002

Electronic Signature of Signing Officer or Director

Date