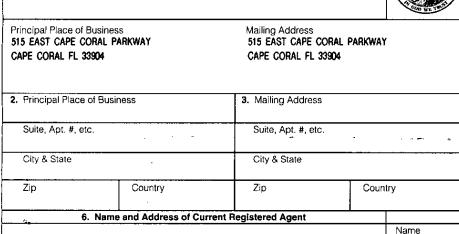
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

PORNONO2140 DOCUMENT



FILED
Feb 03, 2003 8:00 am
Secretary of State
02-03-2003 90091 030 ***150.00

DOCOMENT # 1 9000022170 I. Entity Name QUICKCARE OF CAPE CORAL, INC.				
Principal Place of Business	Mailing Address	• • • • • • • • • • • • • • • • • • • •		



2. Principal F	Place of Business	of Business 3. Mailing Address				T THE REPORT OF THE TOTAL SOURT CONTRACTOR OF STATE STATE STATE LIGHT RIGHT CONTRACTOR STATE STA				
Suite, Apt. #, etc. Suite, Apt. #, etc.		-			. CHECK HERE IF MAKING CHANGES					
City & Stat	e .	City & State			4.	FEI Number 65-0820839		Applied For Not Applicable		
Zip	Country	Zip Cour		try	5.	5. Certificate of Status Desired See Required Fee Required		Additional uired		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
				Name						
TANNENBAUM, ALAN L				Street Address (P.O. Box Number is Not Acceptable)						
.515 E. CAPE CORAL PKWY										
CAPE CORAL FL 33904										
,				City FL Zip Code						
	named entity submits this statement for	the purpose of changing its	s registere	ed office or reg	gistered ag	gent, or both, in the State of Florida	. I am familiar w	ith, and accept		
the obligat	ions of registered agent.						1.1-	_		
SIGNATURE .							1/16/3			
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	TE: Registere	d Agent signature re	equired when r	reinstating)	DATE /			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					÷ •-	9. Election Campaign Financ Trust Fund Contribution.		5:00 May Be ded to Fees		
10.	OFFICERS AND	DIRECTORS	11.		ΑĪ	DDITIONS/CHANGES TO OFFICER	RS AND DIRECT	ORS IN 11		
TITLE	PVST	☐ Delete	☐ Delete TITL				☐ Chang	ge 🔲 Addition		
NAME	TANNENBAUM, ALAN L		NAMI	Ē .						
STREET ADDRESS	515 E. CAPE CORAL PKWY		STRE				•			
CITY-ST-ZIP	CAPE CORAL FL 33904		CITY-	-ST-ZIP						
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12. 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 10 or Block 11 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

Daytime Phone #