

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000046151**

1. Entity Name
PHAMCARE, INC.



FILED

03 SEP -9 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**100 LINTON BLVD.
SUITE 500-A
DELRAY BEACH FL 33483**

Mailing Address
**100 LINTON BLVD.
SUITE 500-A
DELRAY BEACH FL 33483**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0838065**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PETITHOMME, YVENY
100 LINTON BLVD.
SUITE 404 B
DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name **DR. YVENY PETITHOMME II**
Street Address (P.O. Box Number is Not Acceptable)
2263 N.W. 62nd Drive
City **Boca Raton** FL Zip Code **33496**

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

Signature, typed or printed name of registered agent, and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/28/03

FILE NOW!!! - FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME **PTSD PETITHOMME, YVES N** ☒ Delete
STREET ADDRESS **100 LINTON BLVD. - SUITE 404-B**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **PTSD PETITHOMME II** ☒ Change ☐ Addition
STREET ADDRESS **YVENY PETITHOMME II**
CITY-ST-ZIP **100 LINTON BLVD SUITE 500 A**
Delray Beach, FL 33493

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP **100022881641**
09/09/03--01040--016 **550.00

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP **100022881641**
09/09/03--01040--017 **8.75

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/03 (S6)265-205

Date

Daytime Phone #

009166 AV

CR2E034 (4/03)