

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000085814

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: ALL CARE MEDICAL SERVICES, INC.

Current Principal Place of Business:

155 EAST BLUE HERON BLVD.
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

155 EAST BLUE HERON BLVD.
RIVIERA BEACH, FL 33404

New Mailing Address:

FEI Number: 65-0875227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VARONIQUE, CAROL V
155 EAST BLUE HERON BLVD.
RIVIERA BEACH, FL 33404

Name and Address of New Registered Agent:

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: _____

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 (X).

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: VARONIQUE, CAROL V
Address: 2111 BRANDYWINE ROAD STE. 314
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CAROL V. VARONIQUE

DP

04/29/2002

Electronic Signature of Signing Officer or Director

_____ Date