

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90195 009 ***163.75

DOCUMENT # P98000085814



1. Entity Name
ALL CARE MEDICAL SERVICES, INC.

Principal Place of Business
**155 EAST BLUE HERON BLVD.
RIVIERA BEACH FL 33404**

Mailing Address
**155 EAST BLUE HERON BLVD.
RIVIERA BEACH FL 33404**



2. Principal Place of Business
1115 - 45th St.

3. Mailing Address
1115 - 45th St.

Suite, Apt. #, etc.
Suite 1A

Suite, Apt. #, etc.
Suite 1A

CHECK HERE IF MAKING CHANGES

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

4. FEI Number
65-0875227

Applied For
 Not Applicable

Zip
FL 33407 Country
33407-USA

Zip
FL 33407 Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
1115 - 45th St. Suite 1A
City **WEST PALM BEACH** **FL** Zip Code **33407**

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: *Carol V. Varonique Jr.*

DATE: **2/21/03**

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

(NOTE: Registered Agent signature required when 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 Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	VARONIQUE, CAROL V	
STREET ADDRESS	2111 BRANDYWINE ROAD STE. 314	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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NAME		
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CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME		
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: *Carol V. Varonique Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **2/21/03** DAYTIME PHONE #: **561-845-2081**

CR2E034 (10/02)