

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/2

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90062 035 \*\*\*150.00

**DOCUMENT # P99000004279**  
 1. Entity Name  
**DYNAMIC CARE, INC.**

Principal Place of Business 4401 S. ORANGE AVENUE ORLANDO FL 32806	Mailing Address 4401 S. ORANGE AVENUE ORLANDO FL 32806-6946
--	---

2. Principal Place of Business <b>609 MAITLAND AVE.</b> Suite, Apt. #, etc. <b>4 Suite 4</b>	3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.
---	--

City & State <b>ALTAMONTE SPRINGS, FL</b>	City & State	4. FEI Number <b>59-3562271</b>	Applied For Not Applicable
Zip <b>32701</b>	Country <b>USA</b>	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**LOPERFITO, DAMION**  
**4401 S. ORANGE AVENUE**  
**SUITE 116**  
**ORLANDO FL 32806**

7. Name and Address of New Registered Agent  
 Name **LOPERFITO, DR. DAMION**  
 Street Address (P.O. Box Number is Not Acceptable)  
**609 MAITLAND AVE SUITE 4**  
 City **ALTAMONTE SPRINGS, FL** Zip Code **32701**

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.  
 SIGNATURE DATE **3-5-00**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>LOPERFITO, DAMION</b> <b>4401 S. ORANGE AVENUE</b> <b>ORLANDO FL 32806</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>609 MAITLAND AVE. SUITE 4</b> <b>ALTAMONTE SPRINGS, FL 32701</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE **3-5-00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)