

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020876

1. Entity Name

CAREADVANTAGE OF PALM BEACH, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90106 040 \*\*\*150.00

Principal Place of Business

Mailing Address

1701 WEST HILLSBORO BLVD. #401  
 DEERFIELD BEACH FL 33442

1701 WEST HILLSBORO BLVD. #401  
 DEERFIELD BEACH FL 33442-1572

AU055501



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 777 Yamato Road

3. Mailing Address  
 777 Yamato Road

Suite, Apt. #, etc.  
 #345

Suite, Apt. #, etc.  
 #330

City & State  
 Boca Raton, FL

City & State  
 Boca Raton, FL

4. FEI Number  
 65-0899904

Applied For  
 Not Applicable

Zip  
 33431

Country  
 USA

Zip  
 33431

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

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

Name  
 Myrick, Kim  
 Street Address (P.O. Box Number is Not Acceptable)  
 777 Yamato Road  
 #330  
 City  
 Boca Raton FL Zip Code  
 33431

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

*Kim Myrick*

(Secretary/Treasurer)

4/28/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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  
 D MYRICK, KIM  
 1664 FLAGLER MANOR CIRCLE  
 WEST PALM BEACH FL 33442 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Lechner, Brian (Pres) ☐ Change ☒ Addition  
 360 SE Mizner Blvd. #1509  
 Boca Raton, FL 33432

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Myrick, Kim (Sec/Tres) ☒ Change ☐ Addition  
 1664 Flagler Manor Circle  
 West Palm Beach, FL 33411

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 McCaskill, Susan T. (V.P.) ☐ Change ☒ Addition  
 742 Mulberry Avenue  
 Celebration, FL 33432

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kim Myrick

4/28/00

Date

561-893-0163

Daytime Phone #

CR2E034 (9/99)