

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

03-24-2003 90198 048 ***150.00

DOCUMENT # P99000043396

1. Entity Name
PRO-CARE, W.M.S., INC.



Principal Place of Business
**6610 NW 75 PLACE
PARKLAND FL 33067**

Mailing Address
**6610 NW 75 PLACE
PARKLAND FL 33067**



2. Principal Place of Business

3911 SW 47th AVE

3. Mailing Address

Suite, Apt. #, etc.

S-911

Suite, Apt. #, etc.

City & State

DAVIE, FL.

City & State

Zip

33314

Country

Zip

Country

4. FEI Number **65-0916835**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PIEGARI, CAROL
6610 N W 75TH PLACE
PARKLAND FL 33067**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

TITLE **PD** ☐ Delete
NAME **PIEGARI, CAROL A**
STREET ADDRESS **6610 NW 75 PLACE**
CITY-ST-ZIP **PARKLAND FL 33067**

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 title empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/03

CR2E034 (10/02)