

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100789

1. Entity Name

CAREADVANTAGE OF THE HEARTLAND, INC.

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

05-04-2000 90106 004 \*\*\*150.00

Principal Place of Business 1701 W. HILLSBORO BLVD., STE. 401 DEERFIELD BEACH FL 33431	Mailing Address 1701 W. HILLSBORO BLVD., STE. 401 DEERFIELD BEACH FL 33442-1572
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2. Principal Place of Business 2000 E. Edgewood Drive	3. Mailing Address 777 Yamato Road
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Suite, Apt. #, etc. #118	Suite, Apt. #, etc. #330
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City & State Lakeland, FL	City & State Boca Raton, FL
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Zip 33803	Country USA	Zip 33431	Country USA
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4. FEI Number 59-3608932	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCASKILL, SUSAN T  
 742 MULBERRY AVE.  
 CELEBRATION FL 34747

Name  
 Myrick, Kim  
 Street Address (P.O. Box Number is Not Acceptable)  
 777 Yamato Road  
 #330  
 City  
 Boca Raton, FL 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 CIR. W. PALM BEACH FL 33411 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCASKILL, SUSAN T 742 MULBERRY AVE. CELEBRATION FL 34747 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brian Lechner (Pres) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 360 SE Mizner Blvd. #1509 Boca Raton, FL 33432
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Kim Myrick Kim Myrick 4/29/00 561-893-0163  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)