

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103561

1. Entity Name

CARE MANAGEMENT CONSULTANTS, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90133 037 ***150.00

Principal Place of Business

Mailing Address

1042 S.W. Bellevue Ave.
 Port Saint Lucie, FL
 34953

P.O. Box 886591
 Port Saint Lucie, FL
 34988-0591

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

650979443

Applied For

☒ Not Applicable

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

BACON BARBARA
 1042 Bellevue Ave.
 Port Saint Lucie FL
 34953

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.

SIGNATURE

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, 2001 Fee will be \$550.00
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
 President
 BACON, BARBARA
 1042 Bellevue Ave
 Port Saint Lucie FL 34953 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Vice President
 MALE, BETH
 1117 S.W. BALMORAL TRACE
 STUART, FL 34997 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Vice President
 MALE, BETH
 1117 S.W. BALMORAL TRACE
 STUART, FL 34997 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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 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: Barbara Bacon BARBARA BACON

4/24/01

561-879-2473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)