

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 NOV 12 AM 11:43

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DOCUMENT # 1/10920  
Name  
Enterprise Care Facilities, Inc  
**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 8401 NW 27 Ave Suite, Apt. #, etc.		3. Mailing Address 4415 Pheasant Ridge Rd. Suite, Apt. #, etc. Suite 301	
City, State Miami FL		City & State Roanoke VA	
Zip 33147	Country USA	Zip 24014	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 363824346	Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
NRAT Services, Inc  
Street Address (P.O. Box Number is Not Acceptable)  
526 E. Park Ave.  
City  
Tallahassee FL Zip Code  
32301

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 Gwen Andrews, asst. Secretary DATE 11/12/02  
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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James R. Smith 4415 Pheasant Ridge Rd. Roanoke VA 24014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200008935352 11/12/02--01067--012 **750.00
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REINSTATEMENT 2002

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 on an attachment with an address, with all other like empowered.  
SIGNATURE: James R. Smith DATE 11/8/02 540-774-7762  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)