

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90268 001 ***600.00

DOCUMENT # V24730

1. Entity Name
PRO-CARE MEDICAL, INC.

Principal Place of Business

Mailing Address

4836 FLAMINGO RD
 TAMPA FL 33611
 US

4836 FLAMINGO RD
 TAMPA FL 33611-1012
 US

11911



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

23A 9th St. South

23A 9th St. S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3117567

Applied For

Not Applicable

Zip

Country

33705

USA

Zip

Country

33705

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

WEBBER, ANDREW R.
4836 FLAMINGO RD
TAMPA FL 33611

Name **Andrew R. WEBBER**

Street Address (P.O. Box Number is Not Acceptable)
23A 9th Street S.

City **St. Petersburg**

FL

Zip Code **33705**

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]

4/23/00

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	Delete
PTD	WEBBER, ANDREW R.	48326 FLAMINGO RD	TAMPA FL	<input type="checkbox"/>
V	WEBBER, JOYCE	4836 FLAMINGO RD	TAMPA FL 33611	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President	Andrew R. WEBBER	23A 9th St. S.	St. Petersburg, FL 33705	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V.P.	WEBBER, JOYCE	23A 9th Street S.	St. Petersburg, FL 33705	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/00

Date

Daytime Phone #

CR2E034 (9/99)