

## REQUEST FOR PROPOSAL NO. 04C-003B

Project: EMPLOYEE ASSISTANCE PROGRAM Bid/RFP No.: 04C-003B

Corporation Name: Corporate Care Works, Inc. Tax FEIN Number: \_\_\_\_\_

## BENEFICIAL INTEREST AND DISCLOSURE OF OWNERSHIP AFFIDAVIT

STATE OF Florida COUNTY OF Duval

Before me, the undersigned authority, personally appeared, Cynthia K. Persico, ("Corporate Representative") this 28th day of October, 2003, who, first being duly sworn, as required by law, subject to the penalties prescribed for perjury, deposes and says:

- 1) Corporate Representative has read the contents of this Affidavit, has actual knowledge of the facts contained herein, and states that the facts contained herein are true, correct, and complete.
- 2) The following is a list of every "person" (as defined in Section 1.01(3), Florida Statutes to include individuals, children, firms, associates, joint adventures, partnerships, estates, trusts, business trusts, syndicates, fiduciaries, corporations and all other groups and combinations) holding 5% or more of the beneficial interest in the disclosing entity: (If more space is needed, attach separate sheet)

## A. Persons or corporate entities owning 5% or more:

Name	Address	Percentage
Cynthia K. Persico	8665 Baypine Rd. Suite 100, Jax, FL 32256	100%
Name	Address	Percentage
Name	Address	Percentage

## B. Persons or corporate entities who hold by proxy the voting power of 5% or more:

Name	Address	Percentage
Cynthia K. Persico	8665 Baypine Rd. Suite 100, Jax, FL 32256	100%
Name	Address	Percentage
Name	Address	Percentage
Name	Address	Percentage

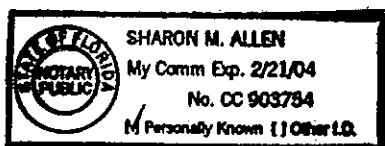
## C. Stock held for others and for whom held:

Name	Address	Percentage
None		
For Whom Held	Address	Percentage
Name	Address	Percentage
For Whom Held	Address	Percentage
Name	Address	Percentage
For Whom Held	Address	Percentage

## CORPORATE REPRESENTATIVE

By: Cynthia K. PersicoSWORN TO and subscribed before me this 28th day of October, 2003 by Cynthia K Persico Such person(s). (Notary Public must check applicable box):☒ is/are personally known to me. ☐ produced a current driver license(s). ☐ produced \_\_\_\_\_ as identification.

(NOTARY PUBLIC SEAL)

Sharon M Allen  
Notary PublicSharon M. Allen

(Print, Type or Stamp Name of Notary Public)