FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000035106

1. Entity Name

OZARE CARE, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 28 AM 8:00

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

MRS

2. Principal Place of Business	3. Mailing Address
10597 NW 53 ST	10597 NW 53 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunrise	City & State: Sunrise
Zip: 33351 Country:	Zip: 33351 Country:

4. FEI Number 65-1092691 ☐ 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: SCOTT B. Schwed

Street Address (P.O. Box Number is Not Acceptable): 10597 NW 53 ST

City: Sunrise **FL** Zip Code: 33351

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES Schwed, Scott B 10597 NW 53 ST Sunrise FL 33351	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300024604563 11/12/03--01014--027 **183.73
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary, Treas. Mindy S Schwed 10597 NW 53 ST Sunrise FL 33351	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Scott Schwed 10/21/03 954-747-6661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ozare Care, Inc
10597 NW 53rd Street
Sunrise, Florida 33351

October 23, 2003

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, Fl 32302-1500

To Whom It May Concern:

We were recently applying with the state of Florida for additional licensing. We were notified by the licensing agency that our corporation was dissolved. Upon researching, I was able to determine that we were never sent any renewals or notices of dissolution. I am enclosing our annual filing with the form I was able to obtain on the internet, which was suggested to me when I called your department. At the same time it was recommended that I write this letter of explanation in order to avoid a heavy reinstatement fee. I hope that this explanation is acceptable since the fee would be quite a setback.

Thank you for your cooperation in this matter.

Sincerely yours,

Mark Jurgrau

Mark Jurgrau
General Manager
Ozare Care, Inc.