

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 11, 2000 8:00 am
Secretary of State

04-18-2000 90168 009 ***150.00

DOCUMENT # P99000032818

1. Entity Name

COMPREHENSIVE ADULT DAY CARE, INC.

Principal Place of Business

Mailing Address

489 HIALEAH DRIVE SUITE 789
 HIALEAH FL 33010

489 HIALEAH DRIVE SUITE 789
 HIALEAH FL 33010-5320

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

65-0910045

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

CAMPOS, DINORAH
 489 HIALEAH DRIVE SUITE 789
 HIALEAH FL 33010

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, 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	<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PSD CAMPOS, DINORAH	18335 COLLINS AVE., APT. 234	SUNNY ISLAND FL 33160	<input type="checkbox"/>	PSTD			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD LLANOS, ROSA	7912 NW 164 TERRACE	MIAMI FL 33016	<input checked="" type="checkbox"/>				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/>				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/>				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/>				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/>				<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: *Dinorah Campos* **04-11-00** **305-**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)