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200	1 UNIFORM BUSI	NESS REPOR	RT (UBF	R)	The second se	The day		
DOCUMENT # S44287					FILED			
PROFESSIONAL CARE I, INC.					01 JUN -7 PM 3: 25			
Principal Place of Business 11355 SW 84 ST. MIAMI FL 33173		Mailing Address 11355 SW 84 ST. MIAMI FL 33173			SECRETARY OF ST TALLAHASSEE.FLC	ATE PRIDA		
2. Principal F	Place of Business	. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. F	El Number 65-0340771	<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Add	litional	
	6. Name and Address of Current Re	egistered Agent	Name	7. N	lame and Address of New Registered	Agent		
CORPCO, INC. 2699 S BAYSHORE DR 7TH FLOOR MIAMI FL 33133				Idress (P.O. B	ox Number is Not Acceptable)			
			City	City FL Zip Code				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F After MAY 1, 2001 Make Check Payable 1			Fee will be \$5	0 50.00	10. Election Campaign Financing	\$5.0	O May Be to Fees	
11.	OFFICERS AND DI	RECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHAHAM, JACOB 1351 N KROME AVE HOMESTEAD FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHAHAM, HELEN 1351 N KROME AVE		TITLE NAME STREET ADDRESS CITY-ST-ZIP		600004422 -06/15/01 ****400.00	*U1U4U=**	<i>000</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAHAM, HELEN 1351 N KROME AVE HOMESTEAD FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BITTAN, AVI 1351 N KROME AVE HOMESTEAD FL	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date