

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State
 05-19-2000 90048 002 ***150.00

DOCUMENT # P97000049679

1. Entity Name

Southcare Home Health Corp.
 7601 N. Federal Highway, Bldg. A, Suite #210
 Boca Raton, FL 33487

2. Principal Place of Business

7601 N. Federal Hwy.
 Bldg. A, Suite #210
 Boca Raton, FL 33487

Mailing Address

7601 N. Federal Hwy.
 Bldg. A, Suite #210
 Boca Raton, FL 33487

2. Principal Place of Business
 777 Yamato Road

Suite, Apt. #, etc.
 #330

City & State
 Boca Raton, FL

Zip
 33431

Country
 USA

3. Mailing Address
 777 Yamato Road

Suite, Apt. #, etc.
 #330

City & State
 Boca Raton, FL

Zip
 33431

Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0759082

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Myrick, Kim
 1701 W. Hillsboro Blvd.
 Suite #401
 Deerfield Beach, FL 33442

7. Name and Address of New Registered Agent

Name
 Myrick, Kim
 Street Address (P.O. Box Number is Not Acceptable)
 777 Yamato Road
 #330
 City Boca Raton FL Zip Code 33431

3. 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 Kim Myrick (President)

4/28/00

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	Myrick, Kim 1701 W. Hillsboro Blvd., #401 Deerfield Beach, FL 33443	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Myrick, Kim (Pres) 1664 Flagler Manor Circle West Palm Beach, FL 33411	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: Kim Myrick Kim Myrick

4/28/00 561-893-0163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone