## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K30968

Entity Name: KENDALL HEALTH CARE, INC.

FILED Apr 30, 2003 Secretary of State

Littly Nan	HE. KENDAL	E HEALTH CARE, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
11355 SW MIAMI, FL					
Current Ma	ailing Addres	ss:	New Mailing Address	New Mailing Address:	
11355 SW MIAMI, FL					
FEI Number:	65-0075586	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
201 SOUTH	OR, MIAMI CE	BOULEVARD NTER		11355 SW 84 STREET	
The above in the State		submits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: OSCAR ROIZ				04/30/2003	
	Electror	nic Signature of Registered Age	ent	Date	
	npaign Financin	g Trust Fund Contribution(). TORS:	ADDITIONS/CHANGI	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( SHAHAM, JACO 11355 SW 84 S MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD ( SHAHAM, HELI 11355 SW 84 S MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACOB SHAHAM PD 04/30/2003