

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 656722

1. Entity Name
MEDICARE CONVALESCENT AIDS OF ORLANDO, INC.

FILED
May 05, 2002 8:00 am
Secretary of State
05-05-2002 90300 026 ***158.75

Principal Place of Business
102 DRENNEN ROAD
SUITE B-1
ORLANDO FL 33806
US

Mailing Address
102 DRENNEN ROAD
SUITE B-1
ORLANDO FL 33806
US



DO NOT WRITE IN THIS SPACE

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 59-1974145		Applied For Not Applicable	
5. Certificate of Status Desired		X \$8.75 Additional Fee Required	

6. Name and Address of Registered Agent		7. Name and Address of New Registered Agent	
DEUTSCH, STEVEN G 102 DRENNEN RD SUITE B1 AND B2 ORLANDO FL 32806		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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEUTSCH, STEVEN 102 DRENNEN ROAD, SUITE B-1 ORLANDO FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: STEVEN DEUTSCH 4/19/02 407-856-2273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #