

2001 UNIFORM BUSINESS REPORT (UBR)

4/18

FILED
May 21, 2001 8:00 am
Secretary of State

04-18-2001 90050 007 ***150.00

DOCUMENT # **G63940**

1. Entity Name

CONVACARE - CONVALESCENT AIDS AND RESPIRATORY CA

Principal Place of Business

**1821 HILLVIEW ST. 2423 Bee Ridge Rd.
 SARASOTA FL 34299-34239**

Mailing Address

**1821 HILLVIEW ST. PO Box 18562
 SARASOTA FL 34299-34276-1562**

2. Principal Place of Business

2423 Bee Ridge Rd

3. Mailing Address

PO Box 18562

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number

59-2330573

Applied For

Not Applicable

Zip

34239

Country

Zip

34276-1562

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HIBNICK, MICHAEL
 1821 HILLVIEW ST. PO Box 18562
 SARASOTA FL 34299-34276-1562**

7. Name and Address of New Registered Agent

Name **Michael Hibnick**
 Street Address (P.O. Box Number is Not Acceptable) **4672 Pine Harrier Dr**
 City **Sarasota** FL Zip Code **34231**

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

Michael Hibnick

4-30-01

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, 2001 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	HIBNICK, MICHAEL	4672 Pine Harrier Dr
STREET ADDRESS	1821 HILLVIEW ST.	PO Box 18562
CITY-ST-ZIP	SARASOTA FL	34276-1562 34231
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Michael Hibnick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01

Date

Daytime Phone #

CR2E034 (10/00)