FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90147 034 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

1218 COURT

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J04273

1. Corporation Name

Principal P ace of Business

1218 COURT ST STE A

SUITE A

ULTIMATE HOME CARE AND SERVICES, INC.

CLEARWATER FL 33756			CLEARWATER FL 33756							DO NOT WRITE IN 1FTS SPACE										
US			US						3. Date Incorporated or Qualifed											
										- 1	03/1	17/198	36							-
2. Principal Place of Business				. Mailing	Address					4.		Vumber					$\overline{}$	T A	plied	For
21				26						59-2653			26					 -		licable
Suite, Apt. #, etc.				Suite, Apt. #, etc.										-	****		\$8	.75	Additio	nal
				 						5. Certificate of Status Desired						Fee Required				
City & 5-tate				City & State				C. Floati					Cinon	nin n						
 1				H '							6. Election Campaign Financing Trust Fund Contribution							May (to Fee		
23		28	Zip Cou															.5		
Zip	Country			<u> </u>				oodina y			8. This corporation owes the current year Inta								⊒No	,
24	9. Name and Address of Current			Decision of Ament			30			Personal Property Tax. 10. Name and Address of New Registered Ag							Ye			,
	9. Name and Add	ress of Curren	Regi	stered Ag	jent		81		Name	10.	. Nam	е апо	Addres	SUIN	ew Re	gisterio	Agent			
EDV	DOLEDES M						01		Name											
FRY, DOLERES M.							82	17	Street Add	ress (F	2.O. B	ox: Num	ber is	Not Ac	ceptabl	le)				
240 WINDWARD PASSAGE #1203																				
CI.EARWATER FL 34630																				
							-	\vdash									105	7in	Code	
							84	Ι'	City							FI	85	zip i	Code	
11 Pureusint	to the provisions of S	actions 607 050	and i	607 1508	Elorida Stati	utes th	e above	e-r	named com	oratio	n subr	nits this	stater	nent fo	r the pu	urpose c	f chang	ing its	egist	tered
office or re	egistered agent, or bo	th. in the State	of Flor	ida. Such	change was	authori	ized by	th	e corporation	on's bo	oard o	f lirecto	ors. I h	ereby a	accept:	the appo	intment	as re	gister	ed
agent. I a	m familiar with, and a	ecept the obligat	ons o	f, Section	607.0505, F	Iorida S	Statutes	i.												
SIGNATURE									 							DATE				— ˈi
	Signature, typed or printed no				(NO	- <u> </u>		nt si	ignature require				CHANG	SEC TO	OFF		ND DE	ECT	TIDE IN	112
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14. I heret y 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attactiment with an address, with all other like empowered.

SIGNATURE;