2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003
Secretary of State

DOCUMENT# J27395

Entity Name: FELT HOME CARE, INC.

Current Principal Place of Business:

767 S. STATE RD. 7
SUITE 14
MARGATE, FL 33068 US

New Principal Place of Business:

Current Mailing Address:

767 S STATE RD 7
SUITE 14
MARGATE, FL 33068 US

New Mailing Address:

FEI Number: 59-2712585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FELT, ROSELLA
6302 S.W. 2ND STREET
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FELT, ROSELLA,
Address: 6302 S.W. 2ND STREET
City-St-Zip: MARGATE, FL

Title: VPA ( ) Delete
Name: MARTIN-CULET, CHRISTINE
Address: 6175 SOUTHGATE BLVD
City-St-Zip: MARGATE, FL

Title: S ( ) Delete
Name: PINELLI, CHARLES
Address: 2569 CARANBOLA CIRCLE
City-St-Zip: COCONUT CREEK, FL

Title: C ( ) Delete
Name: BUTCHER, ANN RN
Address: 7281 SW 1ST ST.
City-St-Zip: MARGATE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change ( ) Addition
Name: FELT, ROSELLA RN
Address: 6302 SW 2ND STREET.
City-St-Zip: MARGATE, FL 33068

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: ROSELLA FELT PD 02/04/2003

Electronic Signature of Signing Officer or Director Date