

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90111 007 ***150.00

DOCUMENT # **J29527**

1. Entity Name
MS HOME CARE CORPORATION



Principal Place of Business
**4300 ALTON ROAD
MIAMI BEACH FL 33140**

Mailing Address
**4300 ALTON ROAD
MIAMI BEACH FL 33140**

90020494



2. Principal Place of Business
1666 Kennedy Causeway

3. Mailing Address
1666 Kennedy Causeway

Suite, Apt. #, etc.
302

Suite, Apt. #, etc.
302

CHECK HERE IF MAKING CHANGES

City & State
N. Bay Village, FL

City & State
N. Bay Village, FL

4. FEI Number **59-2732515**

Applied For
 Not Applicable

Zip Country
33141 USA

Zip Country
33141 USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRIEDLAND, PRISCILLA
4300 ALTON RD
MIAMI BEACH FL 33140**

Name
The Law Offices of Craig M. Dorne, PA

Street Address (P.O. Box Number is Not Acceptable)

407 Lincoln Road PH SE

City Zip Code
Miami Beach FL 33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE **1/14/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME **PD SONERNREICH, STEVEN D** Delete
STREET ADDRESS **4300 ALTON ROAD**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE NAME **P Manuel Taracido** Change Addition
STREET ADDRESS **1666 Kennedy Causeway #302**
CITY-ST-ZIP **N. Bay Village, FL 33141**

TITLE NAME **D WELKER, CHARLENE** Delete
STREET ADDRESS **4300 ALTON ROAD**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE NAME **VP Irving Karten** Change Addition
STREET ADDRESS **1666 Kennedy Causway #302**
CITY-ST-ZIP **N. Bay Village, FL 33141**

TITLE NAME **SD PERRY, AMY** Delete
STREET ADDRESS **4300 ALTON ROAD**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE NAME **S Alan Dorne** Change Addition
STREET ADDRESS **1666 Kennedy Causway #302**
CITY-ST-ZIP **N. Bay Village, FL 33141**

TITLE NAME **TD MENDEZ, ALEX** Delete
STREET ADDRESS **4300 ALTON ROAD**
CITY-ST-ZIP **MIAMI FL 33140**

TITLE NAME **T Lou Cicerone** Change Addition
STREET ADDRESS **1666 Kennedy Causway #302**
CITY-ST-ZIP **N. Bay Village, FL 33141**

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MANUEL E. TARACIDO** President 1/17/2003 (305) 993 7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)