

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # J96018

1. Entity Name
PRIVATE CARE, INC.

FILED

00 JUN 22 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business 4360 NORTHLAKE BLVD
Suite, Apt. #, etc. 214

3. Mailing Address 4360 NORTHLAKE BLVD
Suite, Apt. #, etc. 214

DO NOT WRITE IN THIS SPACE

4. City & State City & State
PALM BEACH GARDENS, FL PALM BEACH GARDENS, FL
Zip 33410 Country USA Zip 33410 Country USA

4. FEI Number 65-0010487
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
LARKIN, MIMI K.
1 SHELDRAKE LANE
PALM BEACH GARDENS, FL 33418

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Mimi Larkin MIMI LARKIN (D) 6/6/00
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

8. 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, 2000 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

| OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|---|
| NAME LARKIN, MIMI K. STREET ADDRESS 1 SHELDRAKE LANE CITY-ST-ZIP PALM BEACH GARDENS, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Mimi Larkin MIMI LARKIN 6/6/00 561-626-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)



PRIVATE CARE, INC.
HIGH TECH STAFFING SERVICES, INC.
24 HOUR NURSING CARE

PAGE 2 of 2
Attachment
J-96018

June 6, 2000

Via Federal Express

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: Private Care, Inc.
FEI Number: 65-0010487

To Whom It May Concern:

Enclosed please find our 2000 Uniform Business Report (UBR) and check for \$158.75.

In July 1999 we moved to 4360 Northlake Blvd. Suite 214, Palm Beach Gardens, FL 33410. The UBR renewal was never forwarded to our new address. As a result of our moving and our mail not being forwarded, we would appreciate the waiving of any renewal penalties.

Sincerely,

Mimi Larkin

Mimi Larkin, R.N., M.S.N.
President

SM/me

4360 Northlake Blvd. #214
Palm Beach Gardens, FL 33410

(561) 626-6800 Palm Beach / (954) 486-2700 Broward
(561) 737-6607 Boynton / (561) 337-1837 Port St. Lucie
Fax (561) 624-8952 / www.privatecare.com