

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # K54894 1. Entity Name ULTIMATE NURSING CARE, INC.					
Principal Place of Business 6226 W CORPORATE CRYSTAL RIVER FL 34429 US			Mailing Address 6226 W CORPORATE OAKES DR CRYSTAL RIVER FL 33429 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2923791 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Barcode: 	
6. Name and Address of Current Registered Agent VINCENT, KATHERINE 2545 W PINE RIDGE BLVD. BEVERLY HILLS FL 34665				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 STREET ADDRESS CITY - ST - ZIP	PST VINCENT, KATHERINE 2545 W PINE RIDGE BLVD BEVERLY HILLS FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Addition ☐	
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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: *Katherine Vincent* 1/28/04 (252) 564-077