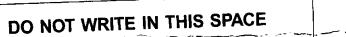
FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jul 02, 2002 8:00 am **Secrétary of State**

05-29-2002 90736 046 ***150.00

DOCUMENT # K60228			
1, Entity Name		-	_ /
Medical Home Care	Programs,	Inc.	`





 9 6 2 9 7 3. Mailing Address 2. Principal Place of Business 7003 N Waterway Dr. Suite, Apt. F. etc. 7003 N Waterway Dr Suite. Apt. #, etc. 213 Applied For 4. FEL Number 2933510 213 City & State Not Applicable City & State Miami, FL Miami, FL \$8.75 Additional 5. Certificate of Status Desired Country 33155 Country Zip 33155 IJS

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent			
Name Edna K Garcia			
Street Address (P.O. Box Number is Not Accepta 1025 Sorolla Ave	ble)		
City Miami, FL	FL 33155		

The above named entity submits this statement for the pt	rpose of changing its registered office or registered as	ent, or both, in the State of Florida.	
SIGNATURE Signature, typerfor printed marke of insparent agent and use if	applicable. INOTE: Registered Agest 4g/sztum required when	OPERATORI DATE	
This corporation is eligible to satisfy its intangible	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00	10. Election Campaign Financing	\$5.00 May Be Added to Fees

After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State Tax filing requirement and elects to do so. -(See criteria on back)- - ----OFFICERS AND DIRECTORS CR2E034B (12/01 11. TIME NAME Garcia, Edna K 7003 N Watwerway DR STE 213 Miami, FL 33155-2896 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VD TITLE Medell, Robert 2680 SW 87th Avenue Miami, FL 33155 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE DO NOT WRITE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP IN THIS SPACE CITY-ST-7IP TITLE DATE HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP •CITY-ST-ZIP TITLE אחמ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP nne חתב HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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 gue 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 employered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _

OFFICER OR DIRECTOR

23/02

Daywan Pagge P

Affachment - DOE #K 60228 MEDICAL HOME CARE PROGRAM

DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORTS

RE:MEDICAL HOME CARE PROGRAMS K60228

Dear Sirs:

On 5/22/02 while I was into SUNBIZ.ORG out of curiosity I checked into the above

Corporation and it did not show that the 2002 report had been entered.

On 5/23/2002 I called your department and verified that you had not received the UBR For 2002.

On April 8/2002 I had mailed the 2002 UBR with check #1404 (see copy attached). I have checked with my bank and the check has not been cashed, so I can only surmise

that the report was somehow lost. When I called your office they advised me to download a blank from the web site and Send it again with the \$150, so find enclosed both the form and the check.

Sincerel Robert Medell Director

Telephone number

Federal Tax Deposit Coupon Form 8109 (Rev. 10-96)

07 6

AMOUNT OF DEPOSIT (Do NOT type, please print.) Darken only one TAX PERIOD Darken only one Mark the "X" in this box only if there is a change to Employer Identification Number Quarte 941 Quarter (EIN) or Name. Quarte 990-T 943 See instructions on page 1. | 59-2933510 | 250812 Quarter 720 IRS USI BANK NAME/ DATE STAMP MEDICAL HOME CARE PROGRAM INC CT-1 1042 4942 LE JEUNE ROAD CORAL GABLES FL 33146-2208 ₽5 940 FOR BANK USE IN MICR ENCODING