

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K87377

1. Entity Name

AM-PRO HEALTH CARE, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90193 004 ***150.00

Principal Place of Business

3030 NW 25TH AVE
POMPANO BCH FL 33069
US

Mailing Address

3030 NW 25TH AVE
POMPANO BCH FL 33062-6747
US

2. Principal Place of Business

140 PARK CENTRAL BLVD So.
Suite, Apt. #, etc.

3. Mailing Address

140 PARK CENTRAL BLVD So.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

POMPANO BEACH, FL

City & State

POMPANO BCH, FL

4. FEI Number

65-0119331

Applied For

Not Applicable

Zip

33064

Country

BROWARD

Zip

33064

Country

BROWARD

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

MULLIGAN, SHEILA R.
3030 NW 25TH AVE
POMPANO BCH FL 33069

Name

MULLIGAN, SHEILA R.

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

801 S. FEDERAL HWY. #921

City

POMPANO BEACH

FL

Zip Code

33062

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.

SIGNATURE

SHEILA R. MULLIGAN

Sheila R. Mulligan 4-10-00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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

11. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MULLIGAN, SHEILA R
STREET ADDRESS 801 S. FEDERAL HWY. #921
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 33062

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 life empowered.

SIGNATURE:

Sheila R. Mulligan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-10-2000

Daytime Phone #

CR2E034 (9/99)