

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

K88250

1. Entity Name

Innovative Health Care Services, Inc

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90108 016 ***150.00

Principal Place of Business

Mailing Address

654 Boca Marina Court
 Boca Raton, FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33487

Palm Beach

4. FEI Number

65-0120891

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Ellen M. Sanders
 654 Boca Marina Court
 Boca Raton, FL 33487

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.

SIGNATURE

Ellen M. Sanders President

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

(NOTE: Registered Agent signature required when reinstating)

4/15/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President
 NAME: Ellen M. Sanders
 STREET ADDRESS: 654 Boca Marina Court
 CITY-ST-ZIP: Boca Raton FL 33487

☐ Delete

TITLE: ☒ Change ☐ Addition
 NAME: 654 Boca Marina Court
 STREET ADDRESS: Boca Raton
 CITY-ST-ZIP: FL 33487

TITLE: ☐ Delete
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 CITY-ST-ZIP:

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 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 like empowered.

SIGNATURE:

Ellen M. Sanders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00

Date

561.241.9616

Daytime Phone #

CR2E034 (9/99)