DOCUMENT # LOOOOOO14161 1. Entity Name UNITED HOME CARE SERVICES OF SOUTHWEST FLORIDA,						FILED			-	
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Principal Place	e of Business	Mailing Address				SECRETARY OF S ALLAHASSEE, FL	TATE			
4414 SE 16TH PLACE UNIT TWO SOUTH CAPE CORAL FL 33904 2. Principal Place of Business Suite, Apt. #, etc.		4414 SE 16TH PLACE UNIT TWO SOUTH CAPE CORAL FL 33904 3. Mailing Address				. 1881BH BH BBH 8811 8811) 98121 8	Dire marer marm t	ILI BIGRI ISPLE	Buri dri 1881	
					7	-{				
		Suite, Apt. #, etc.				DO NOT WRI	TE IN THIS SF	PACE	/	
City & State	e	City & State		4. FEI N	lumber		M	plied For]	
Zip	Country	Zip	Cour	ntry	5. Certif	icate of Status Desired		5.00 Add	litional	
	6. Name and Address of Curren	t Registered Agent		Name	7. Name	and Address of New I				-
TOME, JAY'R ESQ			عد- ب	-	ess (P.O. Box N	lumber is Not Acceptabl	e)			_
2701 PONCE DE LEON BLVD MEZZANINE LEVEL										}
CO	ORAL GABLES FL 33134			City	 -		FL	Zip Code	e	┨
										1
8. The above	named entity submits this statement for	for the purpose of changing	its register	red office or regi	istered agent, o	or both, in the State of FI	orida.	<u> </u>		1
8. The above SIGNATURE	Teck Semm	ler V	leck	5 Sen	nnle	0 9/10/01		1		
_	named entity submits this statement for the statement of	nt and title if applicable. (N	OTE: Registere	red office or region Agent signature rec	quired when reinstation	0 9/10/01	orida. DATE			
_	Teck Semm	nt and title if applicable. (N	OTE: Registere NOW!!! Payable t	FEE IS \$50.0	quired when reinstation	0 9/10/01				
_	Signature, typed or printed name of registered agen	nt and title if applicable. (N	OTE: Registere NOW!!! Payable t	FEE IS \$50.0 to Departmenember 26, 200	quired when reinstation	0 9/10/01	DATE			
SIGNATURE _	Signature, typed or printed name of registered agent MANAGING MEMB	nt and title if applicable. (N	OTE: Registere NOW!!! Payable t By Septe	FEE IS \$50.0 to Department amber 26, 200	quired when reinstation	ADDITIONS	DATE /CHANGES	☐ Change	Addition	(5/01)
9. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen	mt and title if applicable. FILE Make Check to Due ERS/MANAGERS	OTE: Registere NOW!!! Payable t By Septe	FEE IS \$50.1 to Department of the properties of	quired when reinstation	J 9/10/01	DATE /CHANGES	_		083 (5/01)
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMB MGR FOX, JOSE R 5255 NW 87TH AVE SUITE 40 MAMI FL 33166	At and title if applicable. FILE Make Check Due ERS/MANAGERS Delete	OTE: Registere NOW!!! Payable t By Septe: 10. TITL NAM STRE CITY	FEE IS \$50.4 to Departmen imber 26, 200	quired when reinstation	ADDITIONS 20004	/CHANGES - 6106 5/0101	332 1080 ******	2 018 50.00	SR2E083 (5/01)
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