


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90040 005 ***150.00

DOCUMENT # L01000017785
1. Entity Name
ST. HELEN HEALTH CARE, L.L.C.



30056046

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 3108
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pinellas Park, FL

City & State

Zip
33780

Country
US

4. FEI Number 593752845

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Costas Constantinou

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

6504 71st. Ave. North

City Pinellas Park FL Zip Code 33781

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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Costas Constantinou St. Helen Health Care, LLC P.O. Box 3108 Pinellas Park, FL 33780	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Costas Constantinou
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034B (12/02)