

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90159 029 \*\*\*\*61.25

**DOCUMENT # N01808**

1. Entity Name

**PHOENIX HOME CARE, INC.**

Principal Place of Business

P.O. BOX 144536  
 CORAL GABLES FL 33114-4536

Mailing Address

100 SE 2ND ST.  
 28TH FLOOR  
 MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address  
**153 Sevilla Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Coral Gables, FL**

4. FEI Number

**59-2398244**

Applied For

Not Applicable

Zip

Country

Zip

**33134**

Country

**USA**

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

~~KTO&S REGISTERED AGENT CORP.~~

~~100 SE 2ND ST.~~

~~28TH FLOOR~~

~~MIAMI FL 33131~~

Name

**M.J.F. Registered Agent Corp.**

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

**153 Sevilla Avenue**

City

**Coral Gables**

FL

Zip Code

**33134**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/15/02**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VSD**  
**NESSLEIN, DAVID A.**  
**P.O. BOX 144536**  
**CORAL GABLES FL 33114-4536**

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD**  
**VASQUEZ, SANDRA K.**  
**P.O. BOX 144536**  
**CORAL GABLES FL 33114-4536**

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD**  
**MAYER, FRED**  
**2401 DOUGLAS RD**  
**MIAMI FL**

☐ Delete

TITLE  
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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**David A. Nesslein**

**3/11/2002 (305) 447-2350**

CR2E037 (9/01)