

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N34792

FILED
Apr 30, 2003
Secretary of State

Entity Name: CIRCLE OF HANDS LIVING CENTER, INC.

Current Principal Place of Business:

704 E. 120TH AVE.
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

704 E. 120TH AVE.
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-3001820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCULLOCH, SUSAN
704 E. 120TH AVE.
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCULLOCH, SUSAN
Address: 701 E. 120TH AVE.
City-St-Zip: TAMPA, FL 33612

Title: TD () Delete
Name: STUCK, BARBARA
Address: 6531 PINE WALK DR
City-St-Zip: NPR, FL 34655

Title: VPD () Delete
Name: LANE, JOYCE
Address: 4110 MARQUERITE ST
City-St-Zip: TAMPA, FL 33603

Title: SD () Delete
Name: WERNER, KATHERINE
Address: 4704 BAY VIEW AVE.
City-St-Zip: TAMPA, FL

Title: SD () Delete
Name: CHINNIS, JEANNE
Address: 6620 QUONOST ROAD
City-St-Zip: BRADENTON, FL 34203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN LYNN MCCULLOCH

PRES

04/30/2003

Electronic Signature of Signing Officer or Director

Date