2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N9400000081

City & State

SUITE 1301

FORMAN, EDWARD D

6287 BAHIA DEL MAR CIRCLE

SAINT PETERSBURG FL 33715

Zip

FLORIDIANS FOR IMPROVED ELDERLY CARE, INC.

Country

6. Name and Address of Current Registered Agent



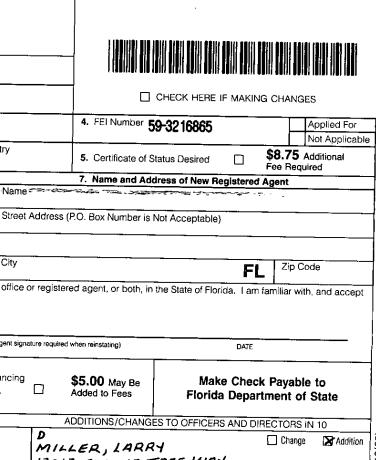
Principal Place of Business Mailing Address 6287 BAHIA DEL MAR CIRCLE 6287 BAHIA DEL MAR CIRCLE **SUITE 1301 SUITE 1301** SAINT PETERSBURG FL 33715 SAINT PETERSBURG FL 33715 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip

FILED								
Feb 21, 2003 8:00 am								
Secretary of State								

02-21-2003 90211 031 ****61.25



8. The above the obligation	e named entity submits this statement for the purp ations of registered agent.	ose of changing its n	egistered office	or registered agent, or both, in t	the State of Florida. I a	m familiar with	and accept
SIGNATURE							
	Signature, typed or printed name of registered agent and title if app	Registered Agent signs	ature required when reinstating)	DATE			
(년 	FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			Make Check Payable to Florida Department of State		
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGE	S TO OFFICERS AND I	VIRECTORS IN	110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE WETTE, LUCIENNE 2121 N OCEAN BLVD #1104-E BOCA RATON FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, LARRI 13013 SMOKE T HUDSON, FL 340	t Ree Way	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	TD FORMAN, EDWARD D 6287 BAHIA DEL MAR CIR #1301 SAINT PETERSBURG FL 33715	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIR=	D GEORGE, KAY 3830 FLINTWO PENSACOLA, FL	D RD.	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lawrence, Ella 327 Salvador Drive Port Charlotte FL 33983	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINDLING, JANET L 1409 WEKEWA NENE TALLAHASSEE FL 32301	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change .	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

Country

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

727-867-7703