2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90119 036 ****61.25

DOCUMENT # N99000001180

1. Entity Name

HOSPICECARE BY O.X.M. INC.

Principal Place of Business	Mailing Address
~~8100 S. DADELAND BLVD.~~ ~~SUITE 410~~ ~~MIAMI FL 33156~~	~~8100 S. DADELAND BLVD.~~ ~~SUITE 410~~ ~~MIAMI FL 33156-7815~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2380 S.W 80ct	2380 S.W 80ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL.	City & State: Miami FL
Zip: 33155 / Country	Zip: 33155 Country

4. FEI Number: 65-090 1236 ☐ Applied For ☐ Not Applicable

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
LEE, XIOMARA [illegible] FL 33158	Name: Xiomara Lee Street Address (P.O. Box Number is Not Acceptable): 2380 S.W 80 ct City: Miami FL Zip Code: 33155

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: Xiomara Lee 3.28.00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	D FRIGER, MARANGELI 1503 S.W. 142 PLACE MIAMI FL 33184	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRIGER, OSVALDO 1503 S.W. 142 PLACE MIAMI FL 33184	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, XIOMARA 7900 S.W. 139 TERRACE MIAMI FL 33158	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(S) Nancy Fanchez 5720 S.W. 5 st apto 5 Miami FL 33144	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) Lazaro Martinez 10390 S.W. 27 St. Miami, FL. 33165	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) alfredo ajan 1150 connecticut ave n.w n.w. Washington DC 20036	☐ Change ☒ Addition

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: Xiomara Lee 4.17.01 3052622323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #