

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90194 003 ***150.00

DOCUMENT # P00000012695

1. Entity Name

MOBILE HEALTH CARE, INC.

Principal Place of Business

**227 85TH STREET
HOLMES BEACH FL 34217**

Mailing Address

**227 85TH STREET
HOLMES BEACH FL 34217**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

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

LEVIT, SHAI

**227 85TH STREET
HOLMES BEACH FL 34217**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LEVIT, LORI S**
STREET ADDRESS **227 85TH STREET**
CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/02

Date

1940 518-3514

Daytime Phone #

CR2E034 (4/02)

Attachment
Document #

PO00000012695 July 8, 2002

Dear Florida Department of State
Division of Corporations
2002 Uniform Business Report

I received the **FIRST and ONLY** notice for filing the 2002 Uniform Business Report approximately five days ago. I called your office to determine why the fee for filing had increased from \$150 to \$550 from 2001. I was informed at that time that the additional \$400 was because I had failed to file by May 1st, 2002 and that a notice had been sent to me in January. Well, needless to say, I never received the "notice" sent to me in January. I am angry that your office would even suggest that a notice was sent out and that I failed to respond to this notice. I have received **EVERY** other billing statement without fail, why is it that I should not receive yours? I also inquired if there were other businesses that had not "received" the January notice, since it's hard for me to imagine that I am the only one who was not properly notified. I was told that, yes, they were other's who **had not** received notice.

Now, I have to spend my valuable time writing you a letter to describe the above situation, rather than your office correcting the situation over the phone. Also, when I asked how I could prevent this from reoccurring next year or the year after, etc. I was informed that this is not possible. I have to wait for "the January" notice before I can make my payment via the internet or mail. Let's hope I actually receive the notice next year.

I am enclosing the Required filing fee of \$150 dollars, plus the additional \$8.75 for a receipt, as if I had received proper notification in January. Please mail or e-mail me my receipt at your convenience. And in the future please notify me within the appropriate time frame so that I may avoid needless anger, phone calls and letters.

Sincerely,

Lori Levit
Mobile Health Care, Inc.
227 85th Street
Holmes Beach, FL 34217

Please disregard request
for receipt. JJ