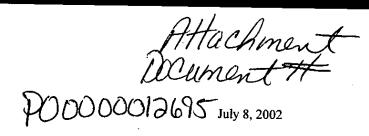
2002 UNIFORM BUSINESS REPORT (UBR)

Jul 15, 2002 8:00 am Secretary of State P00000012695 DOCUMENT # 1. Entity Name 07-15-2002 90194 003 ***150.00 MOBILE HEALTH CARE, INC. Principal Place of Business Mailing Address 227 B5TH STREET 227 85TH STREET HOLMES BEACH FL 34217 HOLMES BEACH FL 34217 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEVIT. SHAI Street Address (P.O. Box Number is Not Acceptable) 227 85TH STREET **HOLMES BEACH FL 34217** City 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEVIT. LORI S NAME NAME 227 85TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HOLMES BEACH FL 34217** CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED



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 their 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