

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90053 029 ***150.00

DOCUMENT # P00000028649

1. Entity Name

YOUNG SENIORS HEALTH SERVICES, INC.

Principal Place of Business

**159 SAN REMO BLVD.,
N. LAUDERDALE FL 33068**

Mailing Address

**159 SAN REMO BLVD.,
N. LAUDERDALE FL 33068**

2. Principal Place of Business

As Above

Suite, Apt. #, etc.

3. Mailing Address

As Above

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

651012330

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****MCLEAN, BEVERLY
159 SAN REMO BLVD.,
N. LAUDERDALE FL 33068**

Name

N/A

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.

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	MCLEAN, BEVERLY			
	159 SAN REMO BLVD.,			
	N. LAUDERDALE FL 33068			
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/01 984 857 8162

CP2E034 (10/00)