## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR POOOOOOO DOCUMENT #

## FILED Jul 02, 2003 8:00 am Secretary of State 06-09-2003 90117 047 \*\*\*150.00

1. Entity Na		AILY CARE, P.A.	-	V (9)				07-02-20	03 9000	9 009 **	*400.00
Principal Place of Business 9400 GLADIOLUS DRIVE SUITE 50 FORT MYERS FL 33908		Malling Address 9400 Gladiolius Drive Suite 50 Fort Myers FL 33908									
2. Principal Place of Business			3. Mailing Address				3 300M001 7M 000M 06M 06M 04M 04 		1/ <b>8/3</b> / <b>5/40 6</b> 7),	f life) (A) lik	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number 6				Applied For Not Applicable
Zip		Country	Zip		Coun	itry		5. Certificate of Status Desired		\$8.75 A	
	6. Name	and Address of Current	legister	ed Agent			7	. Name and Address of New F	legistered	Agent	
0004	METO E IAN	عدد سال السياسات المسال				Name	 				
SOSA, JAVIER E MD						Street Address (P.O. Box Number is Not Acceptable)					
9400 GLADIOLUS DRIVE Suite 50											<del></del> _
		ne									
FORT MYERS FL 33908						City			FL Zip Code		
8. The above the obligation	e named entity tions of regist	y submits this statement for ered agent.	the purp	oose of changing its r	egistere	ed office or	registered	agent, or both, in the State of Flo	orida. I am	familiar with	, and accept
SIGNATURE	·				·						
	Signature, typed	or printed nume or registered agent a	nd title if app	olicable. (NOTE:	Registered	Agent signatu	rs required whe	n reinstating)	CATE		
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fae will be \$550.00 Make Check Payable to Florida Department of State								<ol> <li>Election Campaign Fir Trust Fund Contributio</li> </ol>			DO May Be d to Fees
10.		OFFICERS AND I	DIRECTO	IRS .							
	Te -	O. FIOLING FUID			11.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	RS IN 11.
ÅTLÉ NAME	D SOSA JAN			☐ Delete	TITLE	- 1		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR  Change	Addition.
NAME STREET ADDRESS CITY-ST-ZIP	SOSA, JAV 9400 GLAI		)		TITLE NAME STREE	- 1		ADDITIONS/CHANGES TO OFF	ICERS AND		
NAME STREET ADDRESS	SOSA, JAV 9400 GLAI FORT MYE	/IER E MD DIOLUS DRIVE SUITE SI RS FL 33908	)		TITLE NAME STREE	ET AODRESS ST-ZIP		ADDITIONS/CHANGES TO OFF	ICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SOSA, JAV 9400 GLAI FORT MYE D SOSA, ILE	/IER E MD DIOLUS DRIVE SUITE SI RS FL 33908	)	☐ Delete	TITLE NAME STREE CITY- TITLE NAME	ET AODRESS ST-ZIP		ADDITIONS/CHANGES TO OFF	ICERS AND	Change	☐ Addition.
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SOSA, JAV 9400 GLAI FORT MYE D SOSA, ILE 9400 GLAI	MER E MD  NOLUS DRIVE SUITE SI RS FL 33908  ANA B  NOLUS DR STE., #50	)	☐ Delete	TITLE NAME STREE CITY- TITLE MAME STREE	ET ADDRESS ST-ZIP		ADDITIONS/CHANGES TO OFF	ICERS AND	Change	☐ Addition.
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SOSA, JAV 9400 GLAI FORT MYE D SOSA, ILE 9400 GLAI	/IER E MD DIOLUS DRIVE SUITE SI RS FL 33908	)	☐ Delete	TITLE NAME STREE CITY- TITLE MAME STREE	ET ADDRESS ST-ZIP T ADDRESS ST-ZIP		ADDITIONS/CHANGES TO OFF	ICERS AND	☐ Change	Addition.
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SOSA, JAV 9400 GLAI FORT MYE D SOSA, ILE 9400 GLAI	MER E MD  NOLUS DRIVE SUITE SI RS FL 33908  ANA B  NOLUS DR STE., #50	) out formation to the control of th	☐ Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ور درو	ADDITIONS/CHANGES TO OFF	ICERS AND	Change	☐ Addition.
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP HTLE	SOSA, JAV 9400 GLAI FORT MYE D SOSA, ILE 9400 GLAI	MER E MD  NOLUS DRIVE SUITE SI RS FL 33908  ANA B  NOLUS DR STE., #50		☐ Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP	ي المراه	ADDITIONS/CHANGES TO OFF	ICERS AND	☐ Change	Addition.
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	SOSA, JAV 9400 GLAI FORT MYE D SOSA, ILE 9400 GLAI	MER E MD  NOLUS DRIVE SUITE SI RS FL 33908  ANA B  NOLUS DR STE., #50		☐ Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		ADDITIONS/CHANGES TO OFF	ICERS AND	☐ Change	Addition.
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SOSA, JAV 9400 GLAI FORT MYE D SOSA, ILE 9400 GLAI	MER E MD  NOLUS DRIVE SUITE SI RS FL 33908  ANA B  NOLUS DR STE., #50		☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		ADDITIONS/CHANGES TO OFF	ICERS AND	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	SOSA, JAV 9400 GLAI FORT MYE D SOSA, ILE 9400 GLAI	MER E MD  NOLUS DRIVE SUITE SI RS FL 33908  ANA B  NOLUS DR STE., #50		☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP  T ADDRESS		ADDITIONS/CHANGES TO OFF	ICERS AND	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOSA, JAV 9400 GLAI FORT MYE D SOSA, ILE 9400 GLAI	MER E MD  NOLUS DRIVE SUITE SI RS FL 33908  ANA B  NOLUS DR STE., #50		☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP  T ADDRESS		ADDITIONS/CHANGES TO OFF	ICERS AND	☐ Change ☐ Change ☐ Change	Addition  Addition  Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	SOSA, JAV 9400 GLAI FORT MYE D SOSA, ILE 9400 GLAI	MER E MD  NOLUS DRIVE SUITE SI RS FL 33908  ANA B  NOLUS DR STE., #50		Delete Delete Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE NAME	ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP	3- 3	ADDITIONS/CHANGES TO OFF	ICERS AND	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOSA, JAV 9400 GLAI FORT MYE D SOSA, ILE 9400 GLAI	MER E MD  NOLUS DRIVE SUITE SI RS FL 33908  ANA B  NOLUS DR STE., #50		Delete Delete Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE NAME	ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP		ADDITIONS/CHANGES TO OFF	ICERS AND	☐ Change ☐ Change ☐ Change	Addition  Addition  Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SOSA, JAV 9400 GLAI FORT MYE D SOSA, ILE 9400 GLAI	MER E MD  NOLUS DRIVE SUITE SI RS FL 33908  ANA B  NOLUS DR STE., #50		Delete Delete Delete Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP		ADDITIONS/CHANGES TO OFF	ICERS AND	☐ Change ☐ Change ☐ Change ☐ Change	Addition  Addition  Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOSA, JAV 9400 GLAI FORT MYE D SOSA, ILE 9400 GLAI	MER E MD  NOLUS DRIVE SUITE SI RS FL 33908  ANA B  NOLUS DR STE., #50		Delete Delete Delete	TITLE NAME STREE CITY- TITLE MAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME CITY- TITLE NAME CITY- TITLE NAME CITY- TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP		ADDITIONS/CHANGES TO OFF	ICERS AND	☐ Change ☐ Change ☐ Change ☐ Change ☐ Change	Addition  Addition  Addition  Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	SOSA, JAV 9400 GLAI FORT MYE D SOSA, ILE 9400 GLAI	MER E MD  NOLUS DRIVE SUITE SI RS FL 33908  ANA B  NOLUS DR STE., #50		Delete Delete Delete Delete	TITLE NAME STREE CITY- TITLE NAME	ET ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP		ADDITIONS/CHANGES TO OFF	ICERS AND	☐ Change ☐ Change ☐ Change ☐ Change ☐ Change	Addition  Addition  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 607, 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.

GREATER OUTTON NTED NAME OF SIGNING OFFICER OR DIRECTOR

239-410-6053