

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91611 018 ***150.00

DOCUMENT # P 00000038274
1. Entity Name
HERITAGE CARE INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4120 HARBOR LAKE DR.
Suite, Apt. #, etc.

3. Mailing Address
4120 HARBOR LAKE DR.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LUTZ FL

City & State
LUTZ FL

4. FEI Number
59-3646847

Applied For
Not Applicable

Zip
33558

Country

Zip
33558

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ROBERT E. HILL

Street Address (P.O. Box Number is Not Acceptable)
4120 HARBOR LAKE DRIVE

City
LUTZ FL

Zip Code
33558

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 | | | |
|--|--|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PRESIDENT ROBERT E. HILL 4120 HARBOR LAKE DR. LUTZ FL 33558 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Officer LEA-KWAN LOW 4120 HARBOR LAKE DR. LUTZ FL 33558 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE |
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-3-02 813-760 9533**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #