2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P00000041104 1. Entity Name

GUARDIAN CARE SERVICES, INC.

FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90125 032 ***150.00

Principal Place of Business Mailing Address 14411 COMMERCE WAY 14411 COMMERCE WAY 90003719 #420 #420 MIAMI LAKES FL 33027 MIAMI LAKES FL 33027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEi Number Applied For 65-1002103 Ζίρ Country Not Applicable Zip Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Ece:Required 7. Name and Address of New Registered Agent Name CAMPOS, ANA LUISA 14590 S.W. 37 ST Street Address (P.O. Box Number is Not Acceptable) MIRAMAR FL 33027 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 SIGNATURE: (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing Make Check Payable to Florida Department of State \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PVST** ☐ Delete TITI F CAMPOS, ANA LUISA NAME ☐ Change ☐ Addition NAME STREET ADDRESS 14590 SW 37 STREET STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33027 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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