DOCUMENT # P00000047976  1. Entity Names   EUROPEAN TOTAL HOME CARE, INC.    SECRETARY OF STATE TALLAHASSEE, FLORIDA	52 AT
Principal Place of Business  11430 TAMAMI TRAIL EAST NAPLES FL 34113  2. Principal Place of Business  Sure, Apt. #, etc.  Sure, Apt. #, etc.  DO NOT WRITE IN THIS SPACE  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Sicretificate of Status Desired  58.75 Additional Fee Required  6. Name and Address of Current Registered Agent  Name ALTRE D  Sirret Address (P.O. Box Number is Not Acceptable)  Sirret Address (P.O. Box Number is Not Acceptable)  1. Name and Address of Now Registered Agent  WOLFF, CASEY  801 ANCHOR RODE DR, SUITE 203  NAPLES FL 34103  Tax filing requirement and elects to do so  Atter September 12, 2001 Fee will be \$750.00  Make Check Physible to Destrict in the State of Fionds  FILE NOW!!! FEE IS \$50.00  After September 12, 2001 Fee will be \$750.00  Make Check Physible to Department of State  11.  OFFICERS AND DIRECTORS  TITLE  Detail  TITLE  MANE STREET ADDRESS  STRE	
Principal Place of Business 11400 TAMIAMI TRAIL EAST NAPLES FL 34119  2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Chy & State Chy & Sta	37
114:00 TAMIAMI TRAIL EAST NAPLES FL 34113  2. Principial Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Cit	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  5. Certificate of Status Desired   Applied For   Not Applicable   See Required	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  5. Certificate of Status Desired   Applied For   Not Applicable   See Required	3
City & State  Country  Country  Country  Country  S. Certificate of Status Desired Sta	3
Signature   Signature   Specific   Signature   Signa	
Signature   Signature   Specific   Signature   Signa	
**Name and Address of Name and Address of Name Registered Agent  **Name** *	
WOLFF, CASEY 801 ANCHOR RODE DR., SUITE 203 NAPLES FL 34103  Street Address (P.O. Box Number is Not Acceptable)  1/4/3	
NAPLES FL 34103    1/4/3	-
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   SEL   SEL   SEL   SUBMITTER   S	
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   SEL   SEL   SEL   SUBMITTER   S	
SIGNATURE Alignature, typed or printed name of registered agent and title if applicable.  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  10. Election Campaign Financing Trust Fund Contribution.  11. OFFICERS AND DIRECTORS  12. ** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  MAME  STREET ADDRESS	1
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS	
Tax filing requirement and elects to do so.  (See criteria on back)  After September 12, 2001 Fee will be \$750.00  Make Check Payable to Department of State  11.  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11,  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  NAM	
TITLE    Delete   TITLE   PRESIDENT, SECRETARY   Change	
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TITLE         Delete         TITLE         Change         Addition	
NAME . RAME	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	
13. I hereby certify that the information supplied with this filling 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 cooptration or the receiver or trustee approvered 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.	

(941) 821 8041

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SIGNATURE: X

62992

## European Total Home Care, Inc. 11430 Tamiami Trail E. Naples, FL 34113

September 19, 2001

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: P00000047976 Uniform Business Report

Dear Marquitta Williams

Thanks for your letter 301A00050955 from Sept. 11th 2001.

We did not receive the original UBR. This did lead us (as we stated in our last letter) to the impression our attorney Casey Wolff at Naples would handle this matter. This is our first year of operation and our office is at a joint address with another office which may have confused the postman.

Please abate the penalty based upon reasonable cause.

Sincerely

Alfred Gsell, President and

Secretary of European Total Home Care, Inc.

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