

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90161 004 \*\*\*150.00

**DOCUMENT #** P00000081982  
**1. Entity Name** KhalDon Complete Healthcare, Inc.  
1001 N. Federal HWY., Suite 314  
Hallandale, FL 33009

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
1001 N. Federal HWY.  
Suite, Apt. #, etc. Suite 314  
City & State Hallandale, FL  
Zip 33009 Country U.S.A.

**3. Mailing Address**  
1001 N. Federal HWY.  
Suite, Apt. #, etc. Suite 314  
City & State Hallandale, FL  
Zip 33009 Country U.S.A.

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 65-1136674  
☐ **Applied For**  
☐ **Not Applicable**

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

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Lucille D. Dunkley  
Street Address (P.O. Box Number is Not Acceptable)  
1810 S. W. 155 Ave.,

City Miramar FL Zip Code 33027

**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	P Lucille Dunkley 1810 S W AVENUE Miramar, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Carron Bramwell 19710 NW 9th. Drive Pemborke Pines, FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T Dudley Walker 1810 S.W. 155 Ave., Miramar, FL 33027
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**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

Daytime Phone #

CR2E034B (12/01)