

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90010 018 ***158.75

DOCUMENT # P00000092945

1. Entity Name
ABEL & WYLLING ELDERCARE SERVICES, INC.

Principal Place of Business 5751 CAMINO DEL SOL #101 BOCA RATON FL 33433	Mailing Address 5751 CAMINO DEL SOL #101 BOCA RATON FL 33433
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2. Principal Place of Business 2385 EXECUTIVE CENTER DRIVE	3. Mailing Address 5751 CAMINO DEL SOL
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Suite, Apt. #, etc. 100	Suite, Apt. #, etc. 101
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City & State BOCA RATON, FL	City & State BOCA RATON, FL
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4. FEI Number 65-1054006	Applied For <input type="checkbox"/> Not Applicable
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Zip 33431	Country USA	Zip 33433	Country USA
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KALEEL & ASSOCIATES
 555 N CONGRESS AVE, SUITE 301
 BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name RONALD M. SIEGEL
Street Address (P.O. Box Number is Not Acceptable) 5751 CAMINO DEL SOL #101
City BOCA RATON
State FL
Zip Code 33433

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 Ronald M. Siegel RONALD M. SIEGEL, PRESIDENT 2/9/01
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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	D SIEGEL, RONALD M 5751 CAMINO DEL SOL, #101 BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald M. Siegel RONALD M. SIEGEL, PRESIDENT 2/9/01 (561) 391-3964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

03/05/2001

CR2E034 (10/00)