

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90355 020 ***150.00

DOCUMENT #

1. Entity Name

ALL STAR HEALTH CARE INC.
P0100000 3469

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4699 N. STATE RD 7

3. Mailing Address

4699 STATE RD 7

Suite, Apt. #, etc.

SUITE K

Suite, Apt. #, etc.

SUITE K

City & State

TAMARAC FLORIDA

City & State

TAMARAC FLORIDA

Zip

33319

Country

USA

Zip

33319

Country

USA

4. FEI Number

☒

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ANDREW B. PAISLEY

Street Address (P.O. Box Number is Not Acceptable)

3620 NW 34 TERRACE

City

LAUDERDALE LAKES

FL

Zip Code
33309

**DO NOT WRITE
IN THIS SPACE**

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 ANDREW B. PAISLEY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-24-02

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/ CEO
ANDREW PAISLEY
4699 N. STATE RD 7

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V HUMAN RESOURCE
MARGRET JONES
4699 N. STATE RD 7

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
ANDREA CODNER
4699 N. STATE RD 7
Tamarac, Florida 33319

TITLE
NAME
STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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: AP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02

Date

954-731-5070

Daytime Phone #

CR2E034B (12/01)