2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000008024

1. Entity Name

SUNNY ISLES BEACH FL 33160

2. Principal Place of Business

Suite, Apt, #, etc.

OKUN, VLADIMIR

18186 COLLINS AVENUE SUNNY ISLES BEACH FL 33160

City & State

Zip

8190 Collins

SUNNY ISLES HEALTH ADULT DAYCARE CENTER, INC.

Principal Place of Business 18186 COLLINS AVENUE 18186 COLLINS AVENUE

Country

6. Name and Address of Current Registered Agent

Mailing Address

SUNNY ISLES BEACH FL 33160

City & State

3. Mailing Address
18190 Collins
Suite, Apt. #, etc.

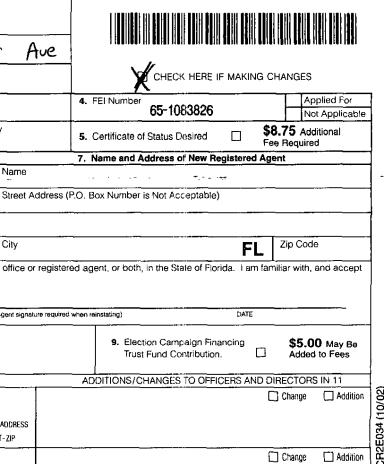
Aue

Country

Name

FILED May 19, 2003 8:00 am § Secretary of State

05-19-2003 90228 018 ***550.00



			City		FL	Zip Cod	e
	named entity submits this statement for the purptions of registered agent.	ose of changing its r	registered office or regist	ered agent, or both, in the Stale of	Florida. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent and title if app	ficable. (NOTE:	Registered Agent signature requi	red when reinstating)	DATE		
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State	-		9. Election Campaign Trust Fund Contribu			O May Be to Fees
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO O	FFICERS AND O	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OKUN, VLADIMIR 18186 COLLINS AVENUE SUNNY ISLES BEACH FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ANAIT, ITCHELIAN 18186 COLLINS AVENUE SUNNY ISLES BEACH FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	Change	Addition
TITLE Name Street address [©] City-St-Zip	The state of the s	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE Name Street address City-St-Zip	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied with this filling	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.