

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90056 015 ***150.00

DOCUMENT # P01000077493

1. Entity Name Prescription Homecare Services, Inc.
12203 N.W. 35th Street
Coral Springs, Florida 33065

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5184 Majorca Club Drive
3. Mailing Address 5184 Majorca Club Drive

Suite, Apt. #, etc.

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DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, FLORIDA

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Boca Raton, FLORIDA

4. FEI Number
03-0425623

Applied For
Not Applicable

Zip 33486
Country Palm Beach

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Country Palm Beach

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE D,S
NAME Goldberg, Renee
STREET ADDRESS 5184 Majorca Club Drive
CITY-ST-ZIP Boca Raton, Florida 33486

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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)