2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000099799

1. Entity Name

SIGNATURE:

HARROLD HEALTH CARE INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90138 034 ***150.00

						GOO WE THE					
Principal Place of Business 241 RIO VISTA CIRCLE LANTANA FL 33462				Mailing Address 241 RIO VISTA CIRCLE LANTANA FL 33462] 	1 1 1 1 1 1 1 1 1 1			1
2. Principal Place of Business				3. Mailing Address							
Suite, Apt.	. #, etc.		Sui	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City	y & State			4. FEI Number 65-1148112)	Applied For Not Applicable	
Zip		Country -	Zip	اجامعات ا	Country=	د سیست	5. Certific	ate of Status Desired		8.75 Ad	ditional
	6. Name	and Address of	Current Register	ed Agent	<u> </u>		7. Name a	nd Address of New F	Registered Ad	ent	
						Name					
KIESLING, ROBERT A 4793 N CONGRESS AVÈ #206					S	Street Address (P.O. Box Number is Not Acceptable)					14.
BOYNTON	N BEACH F	L 33426		City						I = _	
						•			FL	Zip Cod	
the obligat	Signature, typed	ered agent. or printed name of regis	tered agent and title if app			TICE OF register		ooth, in the State of Flo	DATE	niliar with,	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							1	Election Campaign Fir Trust Fund Contributio			00 May Be d to Fees
10.		OFFICE	RS AND DIRECTO	RS	11.		ADDITION	S/CHANGES TO OFF	ICERS AND D	IRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, BARBARA ISTA CIRCLE FL 33462		☐ Delete	TITLE NAME STREET ADI CITY-ST-Z	- I				_ Change	Addition
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of the corp	oration or the	or supplemental receiver or trust	ee empowered to	accurate and that m	ny cianatiira e	hall have the c	ama lagal off	i)(i), Florida Statutes. I ect as if made under o les; and that my name	سسما فمطاه طاهم		

Date

Daytime Phone #