FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jul 16, 2002 8:00 am Secretary of State DOCUMENT # P01000108333 1. Entity Name 07-16-2002 90349 039 \*\*\*150.00 EXECUTIVE CARE SOUTH, INC. Principal Place of Business Mailing Address 7566 PINEWALK DR. S. 7566 PINEWALK DR. S. MARGATE FL 33063 MARGATE FL 33063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1156868 Not Applicable ∙Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOWERS, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 7566 PINEWALK DR. S. MARGATE FL 33063 City 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. I am familiar with, and accept the obligations of registered agent. 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 FILE NOWIII\_FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition NAME TOWERS, MICHAEL NAME STREET ADDRESS 7566 PINEWALK DR. S. STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 CITY-ST-ZIP ☐ Defete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

NAME OF SIGNING OFFICER OR DIRECTOR

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

L7/11/02

726-3696

## EXECUTIVE CARE SOUTH INC ACUPUNCTURE & MASSAGE SERVICES

Since 1986

Phone: 954 726 3096 Fax: 954 755 7378 Cell: 954 815 5239

Attach ment

July 11, 2002

# 10/000/08333

Division of Corporations Uniform Business Report Filings\_ P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed please find my check for \$150.00. I did not receive these forms until after 5/1/02. Apparently I did not receive the first set the Department mailed in early 2002. Since I am newly incorporated (in 11/01) I was not aware of the annual report.

I will not let this happen again. Thank you for your understanding.

Michael Towers

Yours trul