

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000112580

FILED
Feb 26, 2002 8:00 AM
Secretary of State

Entity Name: PINES HOME HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

12555 ORANGE DR., SUITE 271
DAVIE, FL 33330

New Principal Place of Business:

12555 ORANGE DR.
SUITE 115
DAVIE, FL 33330

Current Mailing Address:

12555 ORANGE DR., SUITE 271
DAVIE, FL 33330

New Mailing Address:

12555 ORANGE DR.
SUITE 115
DAVIE, FL 33330

FEI Number: 65-1145366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AGUINALDO, LYDIA
1091 NW 157TH AVE.
PEMBROKE PINES, FL 33028

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AGUINALDO, LYDIA
Address: 1091 NW 157TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: T () Delete
Name: TABLADA, RAYMUNDO
Address: 1081 NW 157TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: S () Delete
Name: BRUTUS, MASOCORRO
Address: 7972 TROPICANA DR.
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: GATMAITAN, MALUISA
Address: 15470 NW 11TH ST.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: BADAR, REMEDIOS T
Address: 128 AGUSTA DR.
City-St-Zip: PALOS HEIGHTS, IL 60463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYDIA AGUINALDO

P

02/26/2002

Electronic Signature of Signing Officer or Director

_____ Date