

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90142 007 \*\*\*158.75

**DOCUMENT # P01000112580**



1. Entity Name  
**PINES HOME HEALTH CARE SERVICES, INC.**

Principal Place of Business <b>12555 ORANGE DR. SUITE 115 DAVIE FL 33330</b>	Mailing Address <b>12555 ORANGE DR. SUITE 115 DAVIE FL 33330</b>
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2. Principal Place of Business <b>12535 ORANGE DRIVE</b>	3. Mailing Address <b>12535 ORANGE DRIVE</b>
Suite, Apt. #, etc. <b>SUITE 603</b>	Suite, Apt. #, etc. <b>SUITE 603</b>

CHECK HERE IF MAKING CHANGES

City & State <b>DAVIE, FLORIDA</b>	City & State <b>DAVIE, FLORIDA</b>
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4. FEI Number <b>65-1145366</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33330</b>	Country <b>USA</b>	Zip <b>33330</b>	Country <b>USA</b>
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE LYDIA AGUINALDO Administrator 01/02/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>AGUINALDO, LYDIA</b> <b>1091 NW 157TH AVE.</b> <b>PEMBROKE PINES FL 33028</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>TABLADA, RAYMUNDO</b> <b>1081 NW 157TH AVE.</b> <b>PEMBROKE PINES FL 33028</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BRUTUS, MASOCORRO</b> <b>7972 TROPICANA DR.</b> <b>MIRAMAR FL 33023</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GATMAITAN, MALUISA</b> <b>15470 NW 11TH ST.</b> <b>PEMBROKE PINES FL 33028</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BADAR, REMEDIOS T</b> <b>128 AGUSTA DR.</b> <b>PALOS HEIGHTS IL 60463</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYDIA AGUINALDO Administrator 01/02/03 (954) 236-8790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)