



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90024 030 ***150.00

DOCUMENT # P02000026562					
1. Entity Name M+L HEALTH CARE INC.					
Principal Place of Business 420 N. RIVERSIDE DR. POMPAÑO BEACH, FL 33062			Mailing Address 420 N. RIVERSIDE DR. POMPAÑO BEACH, FL 33062		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent GREENSTEIN, MICHAEL 420 NORTH RIVERSIDE DR. POMPAÑO BEACH, FL 33062				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENSTEIN, MICHAEL 420 NORTH RIVERSIDE DR. POMPAÑO BEACH, FL 33062 <input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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: 		Michael GREENSTEIN		Date: 7/26/04 954-4789593	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

44050321



07202004 Chg-P CR2E034 (10/03)

4. FEI Number
01-0636092

Applied For

Not Applicable

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

Attachment
HH050321
P02000026562

June 9, 2004

Florida Department of State
Division of Corporations
P.O.Box 1500
Tallahassee, FL 32302-1500

M & L Health Care, Inc
420 N Riverside Drive
Pompanon Beach, FL 33062
Document No#
FEI # 01-0636092

Please be advised I never received the original application for my annual report.

If I had received it by mail I would have paid my fee timely.

At this time please accept my enclosed check for \$150.00

Thank you,



Michael Greenstein
M & L Health Care, Inc
Document Number #