

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90027 039 \*\*\*150.00

**DOCUMENT # P02000035542**

1. Entity Name

FLR HOME CARE SERVICES, INC.



Principal Place of Business

833 N.W. 131ST AVENUE  
PEMBROKE PINES, FL 33028

Mailing Address

833 N.W. 131ST AVENUE  
PEMBROKE PINES, FL 33028



01282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

47-0859807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

OLAIGBE, OLA  
18441 N.W. 2ND AVENUE  
STE 220  
MIAMI, FL 33169

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CHEEMOOKE, LINDA P  
STREET ADDRESS 833 N.W. 131ST AVENUE  
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE STD  
NAME CHEEMOOKE, ROBERT A  
STREET ADDRESS 833 N.W. 131ST AVENUE  
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE VD  
NAME CHEEMOOKE, FATIMA LIN  
STREET ADDRESS 833 N.W. 131ST AVENUE  
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

*Linda P. Cheemooke*  
**SIGNATURE: LINDA P. CHEEMOOKE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/28/04*  
Date

*17862462987*  
Daytime Phone #