2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2003 8:00 am Secretary of State 01-31-2003 90141 010 ***150.00 1/3

FILED

DOCUMENT # P02000060225 1. Entity Name PREMIER PLUS HOME HEALTH, INC.					33 D. 2333 3 S.		100,00	
Principal Place of Business 5040 NW 7TH STREET SUITE 410 MIAMI FL 33126		Mailing Address 5040 NW 7TH STREET SUITE 410 MIAMI FL 33126						
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.						
City & State		City & State			CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For			
Zip Country		Zip Country			4. FEI Number 33-10084-81 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional			
					أيو يويون ويعمره	Fee Require	d	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
BUTLER, HARVIE N				Name				
	Street Address (P.O. Box Number is Not Acceptable)							
5040 NW 7TH STREET				The second of th				
SUITE 410 MIAMI FL 33126			City F 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 above named entity submits this statement of the purpose of changing its registered direct of egistered agent, or obtain 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, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Make Check Payable to Florida Department of State								
					ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	SIN 11	
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NAME		3.	NAME	HARV	IE N. BUTLER	- "	Addition S	
STREET ADDRESS					21 NW 7TH ST.			
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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:

AT/MAREQUIRED