FILED
Jun 11, 2003 8:00 am
Secretary of State

04-28-2003 91845 045 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000075171

1. Entity Name
TOUCH OF HEALTHCARE, INC.

[redacted]

55047468

[redacted]

Principal Place of Business	Mailing Address
1200 BRICKELL AVENUE SUITE #1720 MIAMI, FL 33131	1200 BRICKELL AVENUE SUITE #1720 MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address
20401 NW 2ND AVE	SAME
Suite, Apt. #, etc. 305	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State
Zip 33169 / Country DADE/USA	Zip / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0740335 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ZUCKER, MARIA T
1200 BRICKELL AVENUE
SUITE #1720
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name: JULIA GRANT
Street Address (P.O. Box Number is Not Acceptable): 20401 NW 2ND AVENUE
City: MIAMI FL Zip Code 33169

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] JULIA GRANT 04-25-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

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

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	GRANT, JULIA	
STREET ADDRESS	20401 NW 2ND AVENUE #306	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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: [signature] 04-25-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #