

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000080203

FILED
Jan 10, 2003
Secretary of State

Entity Name: ENCOMPASING HEALTH CARE, INC.

Current Principal Place of Business:

10367 NW NEWSOME ROAD
CLARKSVILLE, FL 32430

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 37
CLARKSVILLE, FL 32430

New Mailing Address:

FEI Number: 52-2367896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARNOLD, CRYSTAL A
10367 N W NEWSOME ROAD
CLARKSVILLE, FL 32430 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: ARNOLD, CRYSTAL A
Address: 10367 NW NEWSOME ROAD
City-St-Zip: CLARKSVILLE, FL 32430 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRYSTAL A ARNOLD

PRES

01/10/2003

Electronic Signature of Signing Officer or Director

Date