

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000110667  
1. Entity Name

PARADISE ELDERLY CARE INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT -6 PM 1:47

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
11159 NW 1 TERR.

3. Mailing Address  
11159 NW 1 TERR.

Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number  Applied For  
Not Applicable

Zip  
33172

Country  
US

Zip  
33172

Country  
US

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

000023936840  
10/20/03--01009--014 . \*\*150.00

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name LILIA L. GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)

11159 NW 1 TERR.

City MIAMI FL Zip Code 33172

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME (P/S/D) MIGUEL A. MORA MD.  
STREET ADDRESS 85 GRNAD CANAL DR. STE: 107  
CITY-ST-ZIP MIAMI, FL 33144

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME (V/T/D) LILIA L. GONZALEZ  
STREET ADDRESS 11159 NW 1 TERR.  
CITY-ST-ZIP MIAMI, FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/03

Date

Daytime Phone #

CRZED034B (12/02)

# PARADISE ELDERLY CARE INC.

TO: DIVISION OF CORPORATION  
P. O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

*Miguel A. Mora MD*  
MIGUEL A MORA  
PRESIDENT