

2006 FOR PROFIT CORPORATION REINSTATEMENT

page 1 of 2

DOCUMENT # P02000132139

1. Entity Name
LA ROCHE CARE SERVICES, INC.



FILED

06 MAR - 1 PM 3:15

CLERK OF THE STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2247 PALM BEACH LAKES BLVD.
SUITE 235
WEST PALM BEACH, FL 33409

Mailing Address
2247 PALM BEACH LAKES BLVD.
SUITE 235
WEST PALM BEACH, FL 33409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202006 REIN-P CR2E098 (11/05)

City & State

City & State

4. FEI Number
42-1564287

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, CARMEN I
2247 PALM BEACH LAKES BLVD.
SUITE 235
WEST PALM BEACH, FL 33409

Name

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

City

FL

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 obligations of registered agent.

SIGNATURE

C. Johnson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/06

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME JOHNSON, CARMEN I
STREET ADDRESS 2247 PALM BEACH LAKES DR #235
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE ☐ Change ☐ Addition
NAME *B 3/3/06*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME *REINSTATEMENT 05-06*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 600067479136
STREET ADDRESS 03/03/06--01050--015 ***300.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

C. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/06 561-686-4552

Date

Daytime Phone #

ATTACHMENT

payewr

C.R. COOPER, CPA, PA
1495 FOREST HILL BLVD STE B
WEST PALM BEACH, FLORIDA 33406

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

February 20, 2006

Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, Florida 32314

Taxpayer: LA ROCHE CARE SERVICES, INC.
FEIN: 42-1564287
Document #: P02000132139
Tax Form: UBR
Tax Period: 2005, 2006

To Whom It May Concern:

We have enclosed check # 3539 in the amount of \$300.00 for the 2006 Corporate Reinstatement of LA ROCHE CARE SERVICES, INC., Document # P02000132139.

Please abate the late filing penalty. Mrs. Johnson did not receive the original Annual Reports. The corporation did not intentionally avoid the filings.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,


C. R. Cooper, CPA

Encl.

bm