

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-18-2003 90075 034 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000132139

1. Entity Name
LA ROCHE CARE SERVICES, INC.



55052891

Principal Place of Business
**2247 PALM BEACH LAKES BLVD.
 SUITE 220 235
 WEST PALM BEACH FL 33409**

Mailing Address
**2247 PALM BEACH LAKES BLVD.
 SUITE 220-235
 WEST PALM BEACH FL 33409**

2. Principal Place of Business
2247 Palm Bch Lakes Blvd

3. Mailing Address
2247 Palm Beach Lakes Blvd

Suite, Apt. #, etc.
Suite 235

Suite, Apt. #, etc.
Suite 235

CHECK HERE IF MAKING CHANGES

City & State
West Palm Bch FL

City & State
West Palm Bch FL

Zip
33409

Country
Palm Bch

Zip
33409

Country
Palm Bch

4. FEI Number
42-1564287

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**JOHNSON, CARMEN I
 2247 PALM BEACH LAKES BLVD.
 SUITE 220
 WEST PALM BEACH FL 33409**

Suite 235

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$550.00
 After September 10, 2003 Fee will be \$750.00
 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CARMEN I	NAME	
STREET ADDRESS	2247 PALM BEACH LAKES BLVD. #220-235	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Carmen I Johnson** **7/14/03** 561 686-4552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (4/03)

C R COOPER, CPA

Attachment #
55052891
PO2000132139

C.R. COOPER, CPA, PA
5350 10TH Ave. North, Suite 8
Lake Worth, Florida 33463

American Institute of
Certified Public Accountants

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

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

July 15, 2003

Division of Corporations
Uniform Business Report Filings
Tallahassee, Florida 32302-1500

Taxpayer: La Roche Care Services, Inc
FEIN: 42-1564287
Tax Form: UBR
Tax Period: 2003

To Whom It May Concern:

We have enclosed check # in the amount of \$150.00 for the annual renewal of the above corporation.

Please abate the penalty as Ms Johnson did not receive the original UBR, and did not intentionally avoid the filing fee.

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.

cc