

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90309 022 ***158.75

DOCUMENT # P03000049118

1. Entity Name

AD LIB HEALTH CARE SERVICES INC.



Principal Place of Business

453-D LAKEWOOD CIRCLE
MARGATE FL 33063

Mailing Address

453-D LAKEWOOD CIRCLE
MARGATE FL 33063

2. Principal Place of Business

453-D Lakewood Circle
Suite, Apt. #, etc.
Margate, FL
City & State
Florida

3. Mailing Address

453-D Lakewood Circle
Suite, Apt. #, etc.
Margate FL
City & State
Florida



MOORE

CR2E034 (11/03)

4. FEI Number

43-2037043

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JEFFERSON, PATRICIA
453-D LAKEWOOD CIRCLE
MARGATE FL 33063

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JEFFERSON, PATRICIA RNBSN	
STREET ADDRESS	453-D LAKEWOOD CIRCLE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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:

Patricia Jefferson Patricia Jefferson 4/29/04 984 974 3870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #