2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2008 8:00 am
Secretary of State
08-12-2008 90024 014 ***150.00

DOCUMENT # P04000100756

1. Entity Name
INDEPENDENT LIVING HOME CARE MEMBERSHIP ASSOCIATION INC.

Principal Place of Business	Mailing Address
ATTN: JAMES W. CRAIN 128 41ST CIRCLE E. BRADENTON, FL 34208	ATTN: JAMES W. CRAIN 128 41ST CIRCLE E. BRADENTON, FL 34208

66016346

07312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1097128
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRAIN, JAMES W JR
2477 STICKNEY PT RD #315B
SARASOTA, FL 34231

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

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

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CRAIN, JAMES W JR
STREET ADDRESS	2477 STICKNEY PT RD #315B
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	
NAME	
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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 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: James W Crain 8/7/08 (941) 726-5077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

INTERNATIONAL LIFE & HEALTH SERVICES
2477 STICKNEY POINT RD STE 315-B
SARASOTA, FL 34231
(941) 924-2764

18153

66016346

63-27/631 FL
1596

DATE Aug 7, 2008

PAY TO THE ORDER OF Florida Dept of State $ 150.00

One Hundred Fifty & 00/100 DOLLARS

Bank of America

ACH R/T 063100277

FOR Doc # P04000100756

James W Caird

Sept 1, 2008

ATTACHMENT
66016346
P04000100756

To Whom it May Concern:

I am returning to you two 2008 For Profit Corporation Annual Reports. When we sent them in originally they were inadvertently left unsigned. As you can see we had sent them in with a check for each of $150.00 (a copy enclosed), because we had never received a notice back in the beginning of the year. Probably got lost in mail somewhere. Please issue these two Annual Reports ASAP. They are now signed.

Document # P04000100756 → Independent Living Home Care Membership
Document # L07375 - International Life & Health Service