FOR PROFIT CORPORATION UNFORM BUSINESS REPORT (UBR)

DOCUMENT # P05000063710

1. Entity Name

ACUCARE, INC.



06 JUL 19 AM 10:09

SECRETARY OF STATE TALLAMASSEE, FLOTION

Applied For

DO	NOT	WRITE	IN TH	IS SPACE
ω	1471	AAIZIIL	_	10 01 MVL

2. Principal Place 6140 South	of Business Dixie Highway	Mailing Address 10600 Southwest 77th Terrace		
Suite, Apt. #, etc.		Suite, Apt. #, etc		
City & State Miami, Florida		City & State Miami, Florida		
Zip 221/2	Country	Zip 33173	Country	

DO NOT WRITE IN THIS SPACE

Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

DO NOT WRITE IN THIS SPACE

	Name and Address of Current Registered Agent	
Name	SPIEGEL & UTRERA, P.A.	
Street	Address (P.O. Box Number is Not Acceptable)	

20-3956462

1840 Southwest 22 Street, 4th Floor

4. FEI Number

Cily Miami

Zip Code 33145

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Re Added to Fees

Make Check Payable to Florida Department of State			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Karr, Paulette M. 6140 South Dixie Highway, Miami, FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600077823 496 07/21/0601012018 **150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		NAME NAME STREET ADDRESS CITY-S1-ZIP	
TITLE NAME STREET ADDRESS CITY-S1-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not quality 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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paulette M. Karr, Pres.

CR2E034B (12/02)

AFFIDAVIT IN SUPPORT OF REQUEST TO WAIVE THE FLORIDA DEPARTMENT OF STATE CORPORATE REINSTATEMENT FEES

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STATE OF FLORIDA

COUNTY OF MIAMI DADE)

- 1. Paulette M. Karr is the President of ACUCARE, INC., a Florida corporation, (hereinafter "Corporation").
- 2. That the Corporation failed to file its 2006 Annual Report or pay the 2006 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 2.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
 - the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
- 3. The Corporation requests the Florida Department of State waive the late fee for the Corporation upon the payment of its 2006 Annual Report fee and the filing of its 2006 Annual Report, which are presented simultaneously with this Affidavit.
- 4. ACUCARE, INC. satisfies the requirements of the Florida Statutes 607.0401.
- 5. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: 13 day of July, 2006

FURTHER, AFFIANT SAYETH NOT

ACUCARE, INC.

Paulette M. Karr, Presiden

SWORN AND SUBSCRIBED

before me this 13 day of July, 2006

Notary Public, State of Florida at Large

Printed Name: <u>María Garcia</u>

Commission Expires: 3 9

Meria Garcia Commission # DD296385 Expires March 9, 2008 Bonded Thru: Western Surety Co.