

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

ATX1

FILED

10 MAY -5 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 208000097894

1. Entity Name

MV HOME HEALTH SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
19721 N.W. 40TH COURT

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
MIAMI GARDENS, FL

City & State

4. FEI Number
80-0281944

Applied For
Not Applicable

Zip Country
33055

Zip Country

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

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7. Name and Address of Current Registered Agent

Name
BARBARA FOUST

Street Address (P.O. Box Number is Not Acceptable)
3401 N.W. 202ND STREET

City Zip Code
MIAMI GARDENS FL 33056

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

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME JEAN-MICHEL VOLTAIRE
STREET ADDRESS 19721 N.W. 40TH COURT
CITY-ST-ZIP MIAMI GARDENS, FLORIDA 33055

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *J. Michel Voltaire*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN-MICHEL VOLTAIRE - PRESIDENT

4/19/2010

Date

305-502-4886

Daytime Phone #