2000 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 18, 2000 8:00 am Secretary of State DOCUMENT # **P94000077648** 1. Entity Name CARE POINT HOME HEALTH SERVICES, INC. 09-18-2000 90021 019 ***550.00 Principal Place of Business Mailing Address 3215 NW 10TH TERR 9001-SW-90TH-STREET STE-205 SUITE #9 FT LADUERDALE FL 99909 DAVIE-FL-90924 UC• 2. Principal Place of Business 3. Mailing Address 1900 N.W. CORPORATE BLUD 900 N.W. CORPORATE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 410 WEST 410 WEST City & State City & State 4. FEI Number Applied For 65-0529188 BOCA Not Applicable \$8.75 Additional 5. Certificate of Status Desired *3343* USA Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHIELDS, BOBBY L ESQ. Street Address (P.O. Box Number is Not Acceptable) 2350 NW 36 AVE Zip Code City FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 14 Change ☐ Addition TITLE ☐ Delete ELLIOT, THERESA 1900 NW CORPORATE BLVD., # 410 WEST STREET ADDRESS STREET ADDRESS 9215 NW 10TH TERR, #205 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33431 FT. LAUDERDALE FL 33309 TITLE ☐ Delete TITLE NAME SHIELDS, BOBBY L ESQ. NAME 1900 NW CORPORATE BLUD, #410 WEST STREET ADDRESS STREET ADDRESS 3215 NW-10TH TERR, #205 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 3343/ FT. LAUDERDALE FL 33309 Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Oelete ☐ Change TITLE TITLE NAME NAME

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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STREET ADDRESS

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JIME BOBBY L. SHIRLDS PTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Change

☐ Change

Addition

☐ Addition