

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

150

DOCUMENT # P95000002961

1. Entity Name

FLAGLER LIFE CARE, INC.



FILED

05 MAY -6 PM 6:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/07/04 90123 028 \$150.00



RENOTATEMENT 04-05

Principal Place of Business

2625 N. FLAGLER DRIVE
WEST PALM BEACH FL 33407

Mailing Address

2625 N. FLAGLER DRIVE
WEST PALM BEACH FL 33407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0546445

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARD, PHILIP H III
1555 PALM BEACH LAKES BLVD. STE. 1000
WEST PALM BEACH FL 33401

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 fee 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.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

GARDNER, LORETTA
3100 N. FLAGLER DRIVE
WEST PALM BEACH FL 33407
Suite 208

TITLE NAME ☐ Delete

West Palm Beach FL
33407

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

ST

TITLE NAME ☐ Change ☐ Addition

100054520491
05/13/05--01059--003 **300.00

TITLE NAME ☐ Change ☐ Addition

03/12

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

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:

Loretta Gardner, Pres.

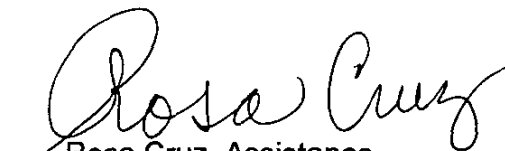
May 3, 2005

Florida Department of State
Division of Corporations
Attn: Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

Ref: Documents # P98000065184 and P95000002961

This letter will serve as an explanation for the two companies mentioned above of last year cancellation. I sent the money I don't recall getting them back for correction. I am enclosing the copies and \$300.00 dollars more for this year.

Call or write please and let me know what do I need to do next. Thank you for your help. Sincerely Yours.



Rosa Cruz, Assistance
561-881-9660