

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90685 001 ***300.00

DOCUMENT # P95000008672

1. Entity Name
GUARDIAN HEALTH CARE, INC.

Principal Place of Business

Mailing Address

**9853 N. TAMiami TRAIL
 227
 NAPLES FL 34108**

**9853 N. TAMiami TRAIL
 227
 NAPLES FL 34108**

42298



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

24840 BURNT PINE DR

Suite, Apt. #, etc.

Suite #2

City & State

BONITA SPRINGS FL

Zip

34134

Country

USA

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0552457**

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

**STUMPF, JESSICA
 20 CRESTWOOD CIRCLE S
 LEHIGH ACRES FL 33936**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | |
|--|--|---------------------------------|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P STUMPF, JESSICA 20 CRESTWOOD CIRCLE SOUTH LEHIGH ACRES FL 33936 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition: |
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)