

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90666 004 ***158.75

DOCUMENT # P95000037138

1. Entity Name
LIGHTHOUSE HEALTH CARE, INC.



Principal Place of Business
20802 BISCAYNE BLVD.
SUITE A
MIAMI FL 33180

Mailing Address
20802 BISCAYNE BLVD.
SUITE A
MIAMI FL 33180



2. Principal Place of Business

20800 BISCAYNE BLVD
Suite, Apt. #, etc.
AVENTURA, FL 33180
City & State

3. Mailing Address

20800 BISCAYNE BLVD
Suite, Apt. #, etc.
AVENTURA, FL 33180
City & State

☒ CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

4. FEI Number 65-0581143

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LIMOND, MICHAEL L.
~~20802 BISCAYNE BLVD.~~
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name: MICHAEL L. LIMOND
Street Address (P.O. Box Number is Not Acceptable)
20800 BISCAYNE BLVD
AVENTURA, FL 33180
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: *Michael L. Limond*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/4/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LIMOND, MICHAEL L	
STREET ADDRESS	20802 BISCAYNE BLVD., #A	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL L. LIMOND	
STREET ADDRESS	20800 BISCAYNE BLVD	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Michael L. Limond*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/03 (305) 935-3333
Date Daytime Phone #

CR2E034 (10/02)