

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT

**1996**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 APR 30 AM 9:01

**DOCUMENT # P95000058239 (1)**

1. Corporation Name

**AGING AND HUMAN CARE SOLUTIONS, INC.**



Principal Place of Business

Mailing Address

C/O MORRIS & WEISS  
2000 GLADES ROAD STE 412  
BOCA RATON FL 33431

C/O MORRIS & WEISS  
2000 GLADES ROAD STE 412  
BOCA RATON FL 33431

3. Date Incorporated or Qualified  
**07/26/1995**

3a. Date of Last Report

2. Principal Place of Business **C/O: LAW**

2a. Mailing Address **C/O: LAW OFFICES**

21 **OFFICES OF STUART R. MORRIS, P.A.**  
Suite, Apt. #, etc. **2000 Glades Road**

22 **OFFICES OF STUART R. MORRIS, P.A.**  
Suite, Apt. #, etc. **2000 Glades Road**

22 **SUITE 412**

27 **SUITE 412**

City & State

City & State

23 **Boca Raton, Florida**

28 **Boca Raton, Florida**

24 **33431**

25 **U.S.**

29 **33431**

30 **U.S.**

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORRIS, STUART R  
C/O MORRIS & WEISS  
2000 GLADES ROAD STE 412  
BOCA RATON FL 33431**

81 Name **LAW OFFICES OF STUART R.  
STUART R. MORRIS, MORRIS, P.A.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2000 Glades Road, Suite 412**

83

84 City **Boca Raton**

**FL**

85 Zip Code **33431**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **BRUCH, KIMBERLY**  
STREET ADDRESS **2716 NE 1ST AVENUE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **BURLESON, URSULA**  
STREET ADDRESS **11821 NW 35TH STREET**  
CITY-ST-ZIP **SUNRISE FL 33323**

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **BURLISON, URSULA**  
2.3 STREET ADDRESS **11821 NW 35th STREET**  
2.4 CITY-ST-ZIP **SUNRISE, FLORIDA 33323**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**\$200 Deposited by Bank**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)