

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90059 008 \*\*\*150.00

**DOCUMENT #** P 96000030647

**1. Entity Name**

Morningstar Home Health Services, Inc.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

265 SW 14 Court

**3. Mailing Address**

265 SW 14 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
Pompano Beach, Fla

**City & State**  
Pompano Beach, Fla

**Zip**  
33060

**Country**  
USA

**Zip**  
33060

**Country**  
USA

**4. FEI Number**

65-0660505

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

Deborah Caron

**Street Address (P.O. Box Number is Not Acceptable)**

265 SW 14 Court

**City**

Pompano

**FL**

**Zip Code**

33060

**DO NOT WRITE  
IN THIS SPACE**

**8. This 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** Deborah Caron

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

(NOTE: Registered Agent signature required when reinstating)

4/29/2002

**DATE**

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

☐

**January 1 - May 1: Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$81.25**

**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**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
P Deborah Caron  
265 SW 14 Court  
Pompano Beach, Fla 33060

**TITLE**  
**NAME**  
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**CITY - ST - ZIP**

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IN THIS SPACE**

CR2E034B 112/011

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Deborah Caron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2002 (954) 942-1665

**Date**

**Daytime Phone #**