2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000036021 1. Entity Name LASTING HEALTH CARE INC.						FILED Jan 24, 2000 8:00 am Secretary of State 01-24-2000 90003 026 ***150.00					
Principal Place		Mailing Address 1421 SW 8TH ST					01-24-2000 90	003 026	***150.	00	
SUITE #4 MIAMI FL 33135		SUITE #4 MIAMI FL 33135-3896									
2. Principal Pl	ace of Business	3. Mailing Address				DO NOT WRITE IN THIS SPACE					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.									
City & State		City & State			4.	FE! Number	65-0659470			plied For t Applicable	
Zip Country		Zip Country			5.	5. Certificate of Status Desired Status Desir					
	6. Name and Address of Current R	egistered Agent		Name	7.	Name and Ad	Idress of New Reg	istered Age	nt		
SANTOS, YAMILA 1421 SW 8TH ST SUITE #4				Street Address (P.O. Box Number is Not Acceptable)							
	E #4 II FL 33135		City			<u></u>	FL	Zip Code)		
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or re	egistered ag	gent, or both,	in the State of Floric	la.		•	
SIGNATURE _	Signature, typed or printed name of registered agent an	id title if applicable (NOT	E. Registere	d Agent signature	required when	reinstating)	· · ·	DATE			
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW !!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta					on Campaign Finan Fund Contribution.	ncing	\$5.0 Added	O May Be to Fees	
11.	OFFICERS AND D		12. TITLE		A	DDITIONS/CH	ANGES TO OFFIC		RECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SANTOS, YAMILA 11018 SW 7 ST MIAMI FL		NAM					L			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLI NAM STRE	E] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete						C] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete) Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP.		Delete						C] Change	Addition	
indicated	ertify that the information supplied with on this report or supplemental report is is poration or the receiver or trustee empor or on an attachment with an address, w URE:	true and accurate and that wered to execute this report	my signa i as requi	ture shall hav	/e the same	e legal effect a rida Statutes;	s it made under oat	th; that I am appears in B	an officer lock 11 or	or director	