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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049423

1. Corporation Name

Blanco Home Health Care Corporation

Principal Place of Business

Mailing Address

UNIFORM BUSINESS REPORT UPDATE

F.S. 607.1622(7) E D

Filing Fee: 61.25

03 AUG 12 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 604-606 NW 25th Avenue		26 604-606 NW 25th Avenue		6/10/1996			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0676704		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 Miami FL		18 Miami FL		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Zip		County		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24 33125		25 Miami-Dade		<input type="checkbox"/>		<input type="checkbox"/>	
Zip		County		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24 33125		25 Miami-Dade		29 33125		30 Miami-Dade	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Wilfredo Luis
604-606 NW 25th Avenue
Miami, FL 33125

81 Name
Wilfredo Luis

82 Street Address (P.O. Box Number is Not Acceptable)
604-606 NW 25th Avenue

83

84 City
Miami

FL

85 Zip Code
33125

11. Pursuant to the provisions of Sections 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 607.005, Florida Statutes.

SIGNATURE

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

Wilfredo Luis, RA

8/6/03

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIRECTOR, President <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILA LUIS	1.2 NAME	Wilfredo Luis
STREET ADDRESS	604-606 NW 25th Avenue	1.3 STREET ADDRESS	604-606 NW 25th Avenue
CITY-ST-ZIP	MIAMI, FL 33125 <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	Miami, FL 33125 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Sila Luis
STREET ADDRESS		2.3 STREET ADDRESS	604-606 NW 25th Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL 33125 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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, or in attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wilfredo Luis, Director, Pres.

8/6/03

DATE

Daytime Phone

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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 08-12-03

NAME: LOURDES RESIDENCE INC.
BLANCO HOME HEALTHCARE
RICHLAND RETIREMENT SENIOR HOME INC

TYPE OF FILING: 2003 UBR - updates

COST:

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Paul Hodge

Please give to TYRONE Scott
Return filing to
KK & SS

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

03 AUG 12 PM 4:25

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