## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT#** 

P96000053202

Entity Name		
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**FILED** May 05, 2003 8:00 am Secretary of State 05-05-2003 91171 031 \*\*\*150.00

Pincipal Place of Dustiness 201 S. GANKS AVE SUITE 110 S	1				-	COD RE 18	i i				
201 S. ORANGE AVE SUITE 1100 ORLANDO F1. 32801  SUITE 1100 ORLANDO F1. 32801  SUITE APER #. etc.  SUITE APER #. etc.  SUITE APER #. etc.  SUITE APER #. etc.  City & State  Country  20 R. Certificate of Status Desired  8. Fee Number is 93-8389928  Applied Further Separate and Address of Country  8. Certificate of Status Desired  9. State Address of Now Registered Apent  7. Name and Address of Now Registered Apent  Cryy  FL Zo Cook  8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Founda. I am familiar with, and accept the etc is pations for fregistered spoint, or both, in the State of Founda. I am familiar with, and accept the etc is pations for fregistered spoint, or both, in the State of Founda. I am familiar with, and accept the etc is pations for fregistered spoint, or both, in the State of Founda. I am familiar with, and accept the etc is pations for fregistered spoint, or both, in the State of Founda. I am familiar with, and accept the etc is pations for fregistered spoint, or both, in the State of Founda. I am familiar with, and accept the etc is pations for fregistered agent, or both, in the State of Founda. I am familiar with, and accept the etc is pations for fregistered spoint, or both, in the State of Founda. I am familiar with, and accept the etc is pations for fregistered spoint, or both, in the State of Founda. I am familiar with, and accept the etc is pations for fregistered spoint, or both, in the State of Founda Decire agent.  FILE NOW!! FEE IS \$150.00  Make The Ministry Applied predict amended inspectation of inspectation of the pation of the pation of the patients and accept the etc patients and acce	Principal Plac	e of Business	Maili	no Address			_				
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B. Certificate of Sature Desired									_	_ N	ot Applicable
TO CORPORATION SYSTEM 1200 SOUTH PINE ISJAND ROAD PLANTATION FL 33324  City  City  FL  Zip Code  City  FL	Zip	Country	Zip	)	Country	-	_	Cartificate of Status Desired		8.75 Ad	ditional
Name   Street Address (P.O. Box Number is Not Acceptable)							5.	Certificate of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  6. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent.  10. OPTIC In a proper of spect agent agent and accept the obligation of the spect agent agent agent agent agent agent agen		- 6. Name and Addre	ess of Current Register	red Agent			7.	Name and Address of New Re	gistered A	gent	
Street Address (P.O. Box Number is Not Acceptable)					N	ame					
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, spenior private name of implotence agent and told if neciclability.  FILE NOW!!! FEE IS \$150.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  ITILE  TOP  LEFO DIP Delate  TITLE  TOP  COPY-ST-2P  ORLANDO FL 32835  TITL  HASKINS, ELIZABETH A  HASKINS, ELIZABETH B  HASKINS, ELIZABETH	C T COR	PORATION SYSTEM			<u> </u>	troot Address	·/BO 5	Poy Number in Not Assessable			
PLANTATION FL 33324    City   FL   Zip Code	1200 SOL	JTH PINE ISLAND RO	)AD		) Si	neet Addres:	s (M.O. E	oux inumber is inot acceptable)			
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B. 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    Signature, typed or private name of mystered agent and site if equitables   (NOTE, Registered Agent signature maximal areas)   DATE	LEAMAI	IOIT I & JUULT			<u></u>						
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After May 1, 2003 Fee will be \$59.00   Trust Fund Contribution.   Added to Fees	F	ILE NOW!!! FEE IS	\$150.00	J				a Floring Committee City		A	
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS								1 -			
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	12. I hereby o		n supplied with this filing	does not qualify for	the exemption	on stated in 9	Section	119.07(3)(i). Florida Statutes 1	further certif	v that the i	nformation

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:

CA KICAARO KECTUR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #