

# 2002 UNIFORM BUSINESS REPORT (UBR)

04-22-2002 90282 026 \*\*\*150.00  
P96000077843

FILED

02 APR 23 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P96000077843**

1. Entity Name

**XL CARE AGENCY, INC. SOUTH-WEST**

Principal Place of Business

Mailing Address

2050 COLLIER AVE  
SUITE 200  
FT. MYERS FL 34102

2050 COLLIER AVE  
SUITE 200  
FT. MYERS FL 34102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0700065

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Douglas Gignac

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

6635 W- Commercial Blvd. Suite 217

City

Tamarac

FL

Zip Code

33319

8. 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.

SIGNATURE

*Douglas Gignac*

1/25/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|   |   |                                 |
|---|---|---------------------------------|
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>DANLER, KATHLEEN</b><br>4489 N STATE RD STE 1703<br>LAUDERDALE LAKES FL 33319  | <input type="checkbox"/> Delete |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>DANLER, WILLIAM</b><br>4489 N STATE RD 7 STE 1703<br>LAUDERDALE LAKES FL 33319 | <input type="checkbox"/> Delete |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>LOPEZ, DENNIS</b><br>2221 LEE RD STE 15<br>WINTER PARK FL 33319                | <input type="checkbox"/> Delete |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

|   |  |
|---|--|
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>6635 W. Commercial Blvd.<br>Suite 217<br>Tamarac, FL 33319 |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>6635 W. Commercial Blvd.<br>Suite 217<br>Tamarac, FL 33319 |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>6635 W. Commercial Blvd.<br>Suite 217<br>Tamarac, FL 33319 |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dennis Lopez*

1/25/02

(954) 724-5250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #