

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000085438

FILED
Mar 05, 2003
Secretary of State

Entity Name: LIFE QUALITY HOME HEALTH CARE, INC.

Current Principal Place of Business:

5180WEST ATLANTIC
DELRAY BEACH, FL 33484 US

New Principal Place of Business:

5180 WEST ATLANTIC AVE.
SUITE 101
DELRAY BEACH, FL 33484 US

Current Mailing Address:

5180 WEST ATLANTIC
DELRAY BEACH, FL 33484 US

New Mailing Address:

5180 WEST ATLANTIC AVE.
SUITE 101
DELRAY BEACH, FL 33484 US

FEI Number: 65-0697524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOBLICK, DAVID
5180 WEST ATLANTIC AVE
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

SOBLICK, DAVID
5180 WEST ATLANTIC AVE
SUITE 101
DELRAY BEACH, FL 33484 US

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: DAVID SOBLICK

03/05/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SOBLICK, DAVID
Address: 5052 WEST ATLANTIC
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: VPD () Delete
Name: SOBLICK, ROBIN W
Address: 5052 WEST ATLANTIC
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: VPD () Delete
Name: SOBLICK, ALLAN
Address: 5180 WEST ATLANTIC AVE.
City-St-Zip: DELRAY BEACH, FL 33484 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SOBLICK, DAVID
Address: 5180 WEST ATLANTIC
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: VPD (X) Change () Addition
Name: SOBLICK, ROBIN W
Address: 5180 WEST ATLANTIC
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID SOBLICK

PD

03/05/2003

Electronic Signature of Signing Officer or Director

Date