

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90010 040 ***150.00

DOCUMENT # **P960001027051**

1. Corporation Name

HOME HEALTHCARE ARCHITECTS, INC.

Principal Place of Business
12361 SAND WEDGE DR.
BOYNTON BEACH FL 33437

Mailing Address
12361 SAND WEDGE DR.
BOYNTON BEACH FL 33437

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

65-0741179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, DOROTHY
22130 MARTELLA AVE.
BOCA RATON FL 33433

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **DONEV, LINDA KRAUS**
STREET ADDRESS **12361 SAND WEDGE DR.**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CLARK, DOROTHY**
STREET ADDRESS **22130 MARTELLA AVE.**
CITY-ST-ZIP **BOCA RATON FL 33433**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 if changed, or on an attachment with an address.

SIGNATURE: **Linda Kurtz**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/99

561-7347464
Date Daytime Phone #

CR2E034 (5/99)

0079819



602467-00010-40
PA6000102705

P.O. Box 812589, Boca Raton, FL 33481-2589
Phone: 561.653.9740 • Fax: 561.488.7430

To Whom it may Concern:

On 7/31/99 I spoke with Kristen at 850-487-6059 and explained the following:

The original Annual Report for Home Health Care Architects was submitted in a timely manner, along with a check for \$150. These two items were in the same envelope as the document and check for First Choice Professional Painting. I confirmed with the bank that the check for Home Healthcare Architects renewal has not been cashed and is obviously lost or accidentally discarded. Kristen instructed me to complete this "second notice" form and submit with a replacement check for \$150.

Thank you for your assistance

Linda Glover



"YOUR BLUEPRINT FOR SUCCESS"