2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE A

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 29, 2001 8:00 am DOCUMENT # P9700001327 **Secretary of State** 1. Entity Name HEART TO HEART, INC., ASSISTED LIVING FACILITY 01-29-2001 90137 012 ***150.00 Principal Place of Business Mailing Address 1943 BUCHANAN ST. 2201 N 55TH AVE **annaan** HOLLYWOOD FL 33021 HOLLYWOOD FL 33020 2. Principal Place of Business Mailing Address 809 ARTHURSTR 2201 N. SSH Are uite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State - - City & State - - City & State - - City & Corner - - City & Cit Applied For 4. FEI Number 65-0732011 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired BROUMEN Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLDA, KRYSTYNA Street Address (P.O. Box Number is Not Acceptable) 1943 BUCHANAN ST. APT 8 HOLLYWOOD FL 33020 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE Delete TITLE Change KRYSTYNA HOLDA, KRYSTYNA NAME NAME STREET ADDRESS STREET ADDRESS 1943 BUCHANAN ST. APT 8 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Chance ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 pent with an address, with all other like empowered.