2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P97000001327 Mar 02, 2006 08:00 AM 1. En Ny Name **Secretary of State** HEART TO HEART, INC., ASSISTED LIVING FACILITY Principal Place of Business Mailing Address 1909 ARTHUR STREET HOLLYWOOD FL 33020 US 2201 N 55TH AVE HOLLYWOOD FL 33021 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0732011 Not Applic: Ζiρ Country Zip. Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOLDA, KRYSTYNA Street Address (P.O. Box Number is Not Acceptable) 1943 BUCHANAN ST. APT 8 HOLLYWOOD FL 33020 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 I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida I am familiar with, and according to the purpose of changing its registered agent, or both, in the State of Florida I am familiar with, and according to the purpose of changing its registered agent, or both in the State of Florida I am familiar with a state of the purpose of changing its registered agent. the obligations of registered agent. 20-06 SIGNATURE uje of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : - After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State **CFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Detete TITLE ☐ Change ☐ A--H00000453913 NAME HOLDA, KRYSTYNA NAME 03/14/06-80041-002 150.00 STREET ADDRESS 1909 ARTHUR ST. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-SI-ZIP ☐ Defete ____ A..." TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change HILE NAME NAME STRUET ADDRESS STREET ADDRESS CHTY - ST - ZVF CITY-SE-7P □ A4**** TITLE ☐ Delete TITLE √ Change NAME MAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Change □ Ad™ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS C(TY-S1-7(P) CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 direction 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 1 or changed, or on an attachment with an address, with all other like empowered.

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