2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #	P97000001327
1. Entity Name	
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Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90269 024 ***150.00

FILED

HEART TO HEART, INC., ASSISTED LIVING FACILITY

Principal Place of Business Mailing Address 2201 N 55TH AVE 1909 ARTHUR STREET HOLLYWOOD FL 33020 HOLLYWOOD FL 33020

2. Principal Place of Business 2201 N. 55 Hu Ave_ Suite, Apt. #, etc.

3. Mailing Address 1909

S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent Name Name City FL Zip Code Ci					LI CHECK HERE IF MAKING CHANGES		
Month State Stat	1 11 ~\ 1	<u>_</u>		<u> </u>	4. FEI Number 65-0732011	Applied For	
S. Certificate of Status Desired S8.75 Additional		7-70-			03 0702011	Not Applicable	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name				Country	5. Certificate of Status Desired \$8.	75 Additional	
HOLDA, KRYSTYNA 1943 BUCHANAN ST. APT 8 HOLLYWOOD FL 33020 City The above named entitystub his 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 accept view changeshors of registered agent. SIGNATURE Sprain to provide the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept view changeshors of registered agent, or both, in the State of Florida. I am familiar with, and accept view changes agent, or both, in the State of Florida. I am familiar with, and accept view changes agent, or both, in the State of Florida. I am familiar with, and accept view changes agent, or both, in the State of Florida. I am familiar with, and accept view changes agent, or both, in the State of Florida. I am familiar with, and accept view changes agent, or both, in the State of Florida. I am familiar with, and accept view changes agent, or both, in the State of Florida. I am familiar with, and accept view changes agent, or both, in the State of Florida. I am familiar with, and accept view changes agent, or both, in the State of Florida. I am familiar with, and accept view changes agent, or both, in the State of Florida. I am familiar with, and accept view changes agent, or both, in the State of Florida. I am familiar with, and accept view changes agent, or both, in the State of Florida. I am familiar with, and accept view changes agent, or both, in the State of Florida. I am familiar with, and accept view changes agent, or both, in the State of Florida. FILE NOW!!! FEEL States agent, or both, in the State of Florida. I am familiar with, and accept view registered agent, or both, in the State of Florida. I am familiar with, and accept view registered agent, or both, in the State of Florida. FILE NOW!!! FEEL States agent, or both, in the State of Florida. In II. ADDITIONS/CHANGES TO Florida Directors in the States of Florida. In II. ADDITIONS/CHANGES TO Florida Directors in the States			Registered Agent	1 (1)			
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12. I hereby certify that the information ownelled with this fills.			·	CITY-ST-ZIP			

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

SIGNATURE:

Daytime Phone