

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020850

1. Entity Name
VALLACARE HEALTH SERVICES, INC.

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90490 006 ***150.00

Principal Place of Business
232 LIDO DR
PUNTA GORDA FL 33950
US

Mailing Address
232 LIDO DR
PUNTA GORDA FL 33950
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
227 TAYLOR ST
Suite, Apt. #, etc.

3. Mailing Address
227 TAYLOR ST.
Suite, Apt. #, etc.

City & State
PUNTA GORDA, FL
Zip
33950
Country
USA

City & State
PUNTA GORDA, FL
Zip
33950
Country
USA

4. FEI Number 65-0752584
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BARRIOS, RENE
232 LIDO DR.
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent
Name BLANCA VALLADARES
Street Address (P.O. Box Number is Not Acceptable)
227 TAYLOR ST.
City PUNTA GORDA FL Zip Code 33950

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 *Blancas* DATE 2-5-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRIOS, RANA 227 TAYLOR ST PUNTA GORDA FL 33950 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VALLADARES, BLANCA 227 TAYLOR ST PUNTA GORDA FL 33950 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VALLADARES, IVETTE 227 TAYLOR ST PUNTA GORDA FL 33950 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S VALLADARES, BLANCA 227 TAYLOR ST PUNTA GORDA, FL 33950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T VALLADARES, IVETTE 227 TAYLOR ST PUNTA GORDA, FL 33950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *Blancas* DATE 2/5/01 DAYTIME PHONE # 941-575-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)