20 SW STH STREET MIN FL 3034     A20 SW STH STREET MIN FL 3014     A20 SW STH STREET SUBLE APR 4, etc.     DO NOT WHITE IN THIS SPACE       20 Country     70     Country     8. Centicator of Business of Current Registered Agent     Name and Address of Current Registered Agent     Name and Address of Current Registered Agent     Name Address of Current Registered Agent       CHALA, MULANA 4200 SW STH STREET MIAMI FL 33134     Name and Address of Current Registered Agent     Name and Address of New Registered Agent       CHALA, MULANA 4200 SW STH STREET MIAMI FL 33134     Name and Address of Current Registered Agent     Name and Address of New Registered Agent       CHALA, MULANA 4200 SW STH STREET MIAMI FL 33134     Name and Address of New Registered Agent     Name and Address of New Registered Agent       CHALA, MULANA 4200 SW STH STREET MIAMI FL 33134     Name and Address of New Registered Agent     Name and Address of New Registered Agent       CHALA, MULANA 4200 SW STH STREET MIAMI FL 33134     Name and Address of New Registered Agent     Name and Address of New Registered Agent       CHALA, MULANA 4200 SW STH STREET MIAMI FL 33134     Name and Address of New Registered Agent     Name and Address of New Registered Agent       CHALA, MULANA 4200 SW STH STREET MIAMI FL 33134     IDEE REGISTER AND DIFECTORS     Name and Address TO OFFICERS AND DIFECTORS NAME 3007 Registered Agent     Name and Address TO OFFICERS AND DIFECTORS NAME 3007 Registered Agent     Chadge of Decise 3	DOCUMENT # <b>P970</b> Entity Name MAYRA'S ADULT CARE, INC.	siness Repo 00034497			Mar 28, 2002 8:00 a Secretary of State 03-28-2002 90009 030 ***150.00
Principal Place of Busines       9. Malling Address         Suite, Apt. #, etc.       DO NOT WRITE IN THIS SPACE         City & State       C. V & State         City & State       C. V & State         2/p       Country         Zip       Country         Zip       Country         Zip       Country         Zip       Country         State, Apt. #.etc.       State, Applicable         A. Name and Address of Current Registered Agent       Y. Name and Address of New Registered Agent         CHALA, JULIANA       State       Name and Address of New Registered Agent         Kass       City       File       Zip Country         CHALA, JULIANA       State Number is Not Acceptable)       State         MIANI FL 33134       State Number is Not Acceptable)       Marce         City       File       Zip Code       The above named entry submits this statement for the purpose of changing is registance don multido       DMr         The above named entry submits this statement for the purpose of changing is registance don multido       DMr       The file Address (P.O. Box Number is Not Acceptable)         State Address (P.O. Box Number is Not Acceptable)       Marce Check Payable to Department of State       DMr         The above named entry submits this statement for the purpose of changing is reg	rincipal Place of Business 1230 SW 5TH STREET AIAMI FL 33134	4230 SW 5TH STREET			
City & State City	Principal Place of Business	3. Mailing Address		_	I I VOIKETTE ALLE TOTALE TOTALE SOLITE DELLE SULLE PLANE PLANE DELLE TOTALE INFORMATION (NOVELLE PLANE)
Ory Octube     Ory Octube     GS-0/745303     Most Applicable       ZP     Country     Zp     Country     S. Certification of Status Desired     So 75 Actilitational Foodparted       6. Name and Address of Ourrent Registered Agent     7. Name and Address of New Registered Agent     7. Name and Address of New Registered Agent       CH4LA, JULIANA 4220 SW STH STREET MIAMI FL 33134     Nome     Street Address of New Registered Agent     Nome       The above named anity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Data     Data       Data     FILE NOW!!! FEE IS 3150.00 Make Check Payable to Department of State     Date       The corporation is eligible to assify its Intargible State of process and on the company file of the state agent	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
Zip       Country       Zip       Country       s. Certificate of Status Desired       S. Territocate of Status Desired       S. Scrifficate of Status Desired       For Applaced         CHALA, JULIANA       Name and Address of Current Registered Agent       Name       Name and Address of New Registered Agent         CHALA, JULIANA       Street Address (P.O. Box Number is Not Acceptable)       Scrifficate of Status Desired       City       FL       Zip Code         The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.       DE       Street Address (P.O. Box Number is Not Acceptable)       Mater         NATURE       City       FLE       Number is Not Acceptable)       Mater       Mater       Street Address (P.O. Box Number is Not Acceptable)         NATURE       City       FLE       Number is not Acceptable)       Mater       DE       Status provide agent, or both, in the State of Florida.         Status programmers and educts to do co.       City       FLE       Number is status provide agent accepted agent, or both, in the State of Florida Address is to co.       Mater Mary 1, 2002 Fee with the State of State of Contribution.       Added to Fees         Status programmers and educts to do co.       City Certers And Certers is Not Acceptable.       Intell Mary 1, 2002 Fee with the State of State of Contribution.       Added to Fees         Coproceptable bases	City & State	City & State	<u></u>		
	Zip Country	Zip	Country	<b>5</b> . C	Partificate of Status Desired Status Desired Status Desired
CHALA, JULIANA 4230 SW STH STREET MIAMI FL 33134       Street Address (P.O. Box Number is Not Acceptable)         City       FL       Zip Code         City       FL       Zip Code         The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.       DE         SMATURE       Emails, typed or private one of registered agent and the # additable.       Inote: Regulared agent, or both, in the State of Florida.         SMATURE       Emails, typed or private one of registered agent and the # additable.       Inote: Regulared agent, or both, in the State of Florida.         City       FLE NOW!!!       FELE State.       Diffe         City       Address (P.O. Box Number is Not Acceptable)       Address of Plorida.         City       FLE NOW!!!       FEE State.       Diffe         City       Correct agent state.       Note: Regulared agent, or both, in the State of Florida.       Addres to Pose.         City       FLE NOW!!!       FEE State.       Note: Regulared agent, or both, in the State of Florida.       Addres to Pose.         City       Address (P.O. Box Number is Not.       Note: Regulared agent, or both, in the State of Florida.       Address florida.         City       FLE NOW!!!       FEE State.       Note: Regulared agent, or both, in the State of Florida.       Address florida.         City </td <td>6. Name and Address of Curre</td> <td>nt Registered Agent</td> <td></td> <td>7. N</td> <td></td>	6. Name and Address of Curre	nt Registered Agent		7. N	
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.	CHALA, JULIANA 4230 SW 5TH STREET MIAMI FL 33134			ss (P.O. B	ox Number is Not Acceptable)
SNATURE Signature, types or printed name of registered agent and the Lacellable  Signature, types or printed name of registered agent and the Lacellable  Signature, types or printed name of registered agent and the Lacellable  Tax fling requirement and elects to do so.  See oritoria on back)			City	<u>.</u>	FL Zip Code
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E       Intermation	TLE DPS AME CHALA, JULIANA TREET ADDRESS 4230 S.W. 5 STREET		TITLE NAME STREET ADORESS	ADI	
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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.	IEET ADDRESS Y-ST-ZIP				🗍 Change 🗌 Addi
	LEET ADDRESS		STREET ADDRESS		