2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State
03-20-2003 90153 024 ***150.00

DOCUMENT # P97000057762

1. Entity Name
GEM HOMECARE SERVICES, INC.

Principal Place of Business	Mailing Address
1600 TAFT ST HOLLYWOOD, FL 33020 US Change	1600 TAFT ST HOLLYWOOD, FL 33020 US Change

2. Principal Place of Business	3. Mailing Address
1120 S. Federal Hwy.	1120 S. Federal Hwy.
Suite, Apt. #, etc. SUITE 4	Suite, Apt. #, etc. SUITE 4
City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL
Zip 33316	Country BROWARD
Zip 33316	Country BROWARD

X CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0765943
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PARKER, SASHA
508 SW STH AVE
FORT LAUDERDALE, FL 33315

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City **FL** 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 accept the obligations of registered agent.

SIGNATURE _____ DATE
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARKER, SASHA 1621 N OCEAN BLVD POMPANO BEACH, FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT PARKER, SASHA 508 S.W. 5TH Ave FT. LAUDERDALE, FL 33315	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUSSAIN, SYED 1621 N. OCEAN BLVD POMPANO BEACH, FL 33062	X Delete (Delete)	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRES MCINTIRE, KATHLEEN 6394 NW 56th DRIVE CORAL SPRINGS, FL 33067	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUSSAIN, GLORIA 1621 N. OCEAN BLVD. POMPANO BEACH, FL 33062	X Delete (Delete)	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ President 3/18/03 (954)463-4430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #