2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED 07-10-2000 90016 032 ***150.00

00 JUL 17 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000061161

1. Entity Name
Loving Care Home Health Inc.

Principal Place of Business / Mailing Address
Loving Care Home Health Inc.
2060 10th St.
SARASOTA, FLA. 34237

2. Principal Place of Business: 2060 10th St.
Suite, Apt. #, etc.
City & State: SARASOTA
Zip: 34237 Country: SARASOTA

3. Mailing Address: 2060 10th St.
Suite, Apt. #, etc.
City & State: SARASOTA, FLA
Zip: 34237 Country: SARASOTA

4. FEI Number: 52-2110671 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Loving Care Home Health Inc.
Judith Smorey President
2060 10th St.
SARASOTA, FLA 34237

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.

SIGNATURE: Judith Smorey President Loving Care Home Health Inc.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Judith Smorey 2060 10th St. SARASOTA, FLA. 34237 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sole Director N/A + No Employees ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Change ☐ Addition

CR2E034 (9/99)

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: Judith Smorey President 6/17/00 941-953-3208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #