2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000021939 1. Entity Name NEW LEAF GREEN DEVELOPMENT, INC.						3** 1	
					FILED SECRETARY OF STATE TUTISION OF CORPORATIONS		
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Principal Place of Business Mailing Address					00 001	11 AM 9:	54
1401 ne 4th (Ft lauderda		P O BOX 030310 FT LAUDERDALE FL 33303					
2. Principal P	lace of Business	3. Mailing Address		-			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS SPACE	
City & State		City & State		. F	El Number 65-083464	3	Applied For
Zip	Country	Zip	Country	5. C	ertificate of Status Desired		Not Applicable Additional
	6. Name and Address of Current R	legistered Agent	<u> </u>	7. N	ame and Address of New Re	 ree neq 	uired
Nar							
104	IG, LOUANN H NE 17TH AVE LAUDERDALE FL 33301		Street Addres	s (P.O. Bo	ex Number is Not Acceptable)		
			City			FL Zip (Code
8. The above named entity submits this statement for the purpose of changing its register							
9. This corpo Tax filing re	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW! After SEPTEMBER 1	E: Registered Agent signature requ II FEE IS \$550.00 3, 2000 Min. will be \$	750.00	10. Election Campaign Fina Trust Fund Contribution		5.00 May Be
(See criter	ia on back) OFFICERS AND D		ble to Department of §		DITIONS/CHANGES TO OFFI		
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CITY-ST-ZIP TITLE	FT LAUDERDALE FL 33301	Delete	CITY-ST-ZIP TITLE		****15	<u>ゴ。(コ) 赤水未来</u> 「] Chan	15 8.105 m
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS				.
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TITLE NAME Street address City-st-zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			🗌 Chan	ge 🗋 Addition
of the corr	URE: SIGNATURE WALL PRESENTION SUPPlied with the information supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with an address, with the signature of the	vered to execute this report.	as required by Chapter (Section 1 he same le 507, Florid	19.07(3)(i), Florida Statutes, 1 gal effect as if made under o a Statutes; and that my name	further certify that that that that it am an off appears in Block 1	he information icer or director 1 or Block 12 if

200021939

DATE: SEPTEMBER 7, 2000

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- FROM: NEW LEAF GREEN DEVELOPMENT, INC. POST OFFICE BOX 030310 FORT LAUDERDALE, FLORIDA 33303-0310
- TO: FLORIDA SECRETARY OF STATE DIVISION OF CORPORATIONS 409 EAST GAINES STREET TALLAHASSEE, FLORIDA 32399

ATTENTION: LEE YARBROUGH

DELIVERY: VIA U.S. MAIL - STANDARD OVERNIGHT - DELIVERY ON 09-07-00

- RE: REQUEST OF A WAIVER OF THE LATE FILING FEE FILING OF ANNUAL REPORT AND REQUEST FOR A CERTIFICATE OF STATUS
- I. REQUEST OF A WAIVER OF THE LATE FILING FEE:

Since my father, ROBERT T. HAYDEN of SARASOTA, FLORIDA, suffered a heart attack on February 5th, I have been here in Sarasota - almost full time and sometimes for uninterrupted sixweek and five-week periods. As a result of this attack the following occurred:

- Mother (who has been suffering from dementia of the altzheimers type) had to be admitted to the Sunnyside Nursing home on February 10th (as Dad was her sole caregiver - at his own insistence.)
- 2. Dad had to have open-heart surgery (his third) on that same day.
- 3. An infection containing the ecoli virus developed in one of the surgical sites and bedsores occurred in the back of his head and on his left leg below the knee. The latter (which required twice-a-day skilled nursing) would not heal and an arteriorgram was performed on April 19th which showed blockage behind the left knee.
- 4. Then the real trouble began:
 - Because Dad probably had a reaction to the dye during that procedure (and also suffered some small leakage of blood from some still unknown cause which showed up in his spinal fluid), he became disorientated and was admitted by emergency ambulance to Doctor's Hospital on April 21st
 - b. As a result, medications were administered which caused Dad to begin having a violent hallucinations which caused his physician to conclude that Dad had acute dementia requiring anti-psychotic medication and a visit from a clinical psychiatrist.
 - c. Then I had to step in.

Because I believed - by Monday morning April 24th that Dad was beginning to suffer from "chemically induced dementia", I had to begin to take a "proactive role" in Dad's care (with regards to prescriptions) and request that Dad be taken off all medications (except those required for his heart) in an attempt to "get him cleaned out" However, I wasn't focusing on the physical therapy he was receiving. Because Dad was never walked during what was to become a three-week stay in the hospital, he began to become unconditioned and lost the ability to stand and walk independently. (And I blame myself for not realizing what was happening - so that I could reverse that part of his decline.)

- d. Surgeries were also performed during the hospital stay: a)an angioplasly in the left leg and debridement of the "calf" bedsore on May 1st (which required plastic surgery on May 5th - during which time the physician also debrided the "heel" bedsore.)
- e. Finally Dad was transferred on May 11th to a nursing home, The Arbors at Sarasota, where he stayed until July 11th when he began intensive physical therapy at HealthSouth in order to be able to achieve the goal of walking with a cane. (The Arbors had stopped



giving him physical therapy the week before - saying that he would he would have to return home with 24 hour care and only walk with a walker while assisted by another.)

- f. Dad began outpatient physical therapy on July 11th and completed his program (walking only with a cane) on August 11th.
- g. And because Dad has not regained the endurance he needs to be able live alone, he began assisted living at Sunnyside Assisted Living on August 25th.
- h. And I finally got home on August 26th for a partial week.

I am still going through the mail and apologize for not filing the "Annual Report" in a timely way.

If it is possible to waive the \$400.00 fine for late filing, I would appreciate it. And with this in mind, I am enclosing only a check in the amount of \$158.75. THANK YOU.

- II. UNIFORM BUSINESS REPORT:
- A. The imprinted form DOCUMENT # P98000021939 is attached with the following information:
- 2. Principal Place of Business:

1401 NE 4th Avenue Fort Lauderdale, Florida 33304 Broward County

2a. Mailing Address:

Post Office Box 030310 Fort Lauderdale, Florida 33303

3. Date Incorporated:

03-09-98

4. FEI Number:

65-0834643

9. Name and Address of Current Registered Agent:

Louann Hayden Lang 104 NE 17th Avenue Fort Lauderdale, Florida 33301

13. Officers and Directors (which was omitted on the form):

Louann Hayden Lang 104 NE 17th Avenue Fort Lauderdale, Florida 33301

B. Check in the amount of \$158.75
 -for the filing fee and
 -for the Certificate of Status