

2000 UNIFORM BUSINESS REPORT (UBR)

Pg 1 of 3
091100

DOCUMENT # P98000021943

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 12 AM 8:18

1. Entity Name
HAYDEN LANG, INC.

Principal Place of Business Mailing Address
P O BOX 030097 P O BOX 030097
FT LAUDERDALE FL 33303 FT LAUDERDALE FL 33303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0834660** Applied For
Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

**LANG, LOUANN H
104 NE 17TH AVE
FT LAUDERDALE FL 33301**

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 _____ DATE _____
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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PVTS HAYDEN-LANG, LOUANN 104 NE 17TH AVENUE FT LAUDERDALE FL 33301 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600003401106--8 -09/22/00--01002--001 ****158.75 ****158.75
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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: *[Signature]* **LOUANN HAYDEN LANG** as President 9/7/00 (954) 522-1846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (1846)

CR2E034 (5/00)

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P98000021943

DATE: SEPTEMBER 7, 2000

FROM: HAYDEN LANG, 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

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 six-week and five-week periods. As a result of this attack the following occurred:

1. Mother (who has been suffering from dementia - of the alzheimers 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 arteriogram was performed on April 19th which showed blockage behind the left knee.
4. Then the real trouble began:
 - a. 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 # P98000021943 - is attached with the following information:

2. Principal Place of Business:

Post Office Box 030310
Fort Lauderdale, Florida 33303-0310
Broward County

2a. Mailing Address:

Post Office Box 030310
Fort Lauderdale, Florida 33303-0310

3. Date Incorporated:

03-09-98

4. FEI Number:

65-0834660

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