

Amended

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG -8 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/11/02--01055--027
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DOCUMENT # P980000031495

1. Entity Name
Reliable Home Care of Lee County, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
28440 Sombrero Drive
Suite, Apt. #, etc.

3. Mailing Address
28440 Sombrero Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Bonita Springs FL
Zip
34135
Country
LEE

City & State
Bonita Springs FL
Zip
34135
Country
U.S.A

4. FEI Number
593502676

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Romano, Pasquale M
Street Address (P.O. Box Number is Not Acceptable)
28440 Sombrero Drive

City
Bonita Springs FL
Zip Code
34135

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

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$41.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
Romano, Pasquale M.
28440 Sombrero Dr Bonita Springs
FL
34135

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S-T
Romano, Helen G
28440 Sombrero Dr Bonita Sp
FL
34135

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Pasquale M. Romano PASQUALE M ROMANO 8/1/02 239-992-3247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)