

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033908
Name
ELEMENTARY HEALTHCARE, INC.

FILED
Aug 10, 2000 8:00 am
Secretary of State
08-10-2000 90006 025 ***550.00

1. Place of Business
COURTENAY PKWY STE 15
MERRITT ISLAND FL 32953

Mailing Address
2425 N. COURTENAY PKWY STE 15
MERRITT ISLAND FL 32953



DO NOT WRITE IN THIS SPACE

2. Original Place of Business
1375 N. Courtenay Pkwy
Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Merritt Island, FL
2953
Country
U.S.A.

City & State
Zip
Country

4. FEI Number 59-3510229
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DIBONAVENTURA, MARCO
2425 N. COURTENAY PKWY STE 15
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

Signature of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating)
Cathy A. DeBengson 8-2-00
DATE

Is corporation eligible to satisfy its intangible 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

OFFICERS AND DIRECTORS	
ADDRESS ZIP	<input type="checkbox"/> Delete D DIBONAVENTURA, MARCO 770 HANNAH DR. MERRITT ISLAND FL 32952
ADDRESS ZIP	<input type="checkbox"/> Delete D DEBENGSON, CATHY 815 HANNAH DR. MERRITT ISLAND FL 32952
ADDRESS ZIP	<input type="checkbox"/> Delete
ADDRESS ZIP	<input type="checkbox"/> Delete
ADDRESS ZIP	<input type="checkbox"/> Delete
ADDRESS ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Di Bonaventura, Marco 255 S. Tropical Trl. Merritt Island, FL 32952
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: Cathy A. DeBengson 8-2-00 321-459-5020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)