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03 MAY 29 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #P98000051887 1. Entity Name LOVING CARE OF APOPKA, INC.																																																																													
Principal Place of Business 170 E. MAGNOLIA AVE. APOPKA, FL 32703			Mailing Address 170 E. MAGNOLIA AVE. APOPKA, FL 32703																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																										
City & State			City & State																																																																										
Zip		Country		4. FEI Number 59-3512836																																																																									
5. Certificate of Status Desired ☐				Applied For Not Applicable																																																																									
6. Name and Address of Current Registered Agent LAVENDER, KAKTHRYN 170 E. MAGNOLIA AVE APOPKA, FL 32703																																																																													
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting.)																																																																													
9. Election Campaign Financing Trust Fund Contribution. ☐				\$8.75 Additional Fee Required																																																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td>P LAVENDER, KATHRYN</td> <td>170 E. MAGNOLIA AVE</td> <td>APOPKA, FL 32703</td> <td></td> </tr> <tr> <td></td> <td>VP MILLER, MARYANNE</td> <td>170 E. MAGNOLIA AVE</td> <td>APOPKA, FL 32703</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete		P LAVENDER, KATHRYN	170 E. MAGNOLIA AVE	APOPKA, FL 32703			VP MILLER, MARYANNE	170 E. MAGNOLIA AVE	APOPKA, FL 32703																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition																														
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																													
SIGNATURE: <i>Maryanne D. Miller</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 5/20/03 Phone: 407-889-3026 Date Daytime Phone																																																																									

Maryanne D. Miller

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