

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91100 039 ***150.00

DOCUMENT # P98000054275

1. Entity Name
HOME CARE INVESTORS, INC.



Principal Place of Business
**5950 W OAKLAND PK BLVD
#209
LAUDERHILL FL 33435
US**

Mailing Address
**5950 W OAKLAND PK BLVD
#209
LAUDERHILL FL 33435
US**



2. Principal Place of Business

5950 W. OAKLAND PK. BLVD

3. Mailing Address

5950 W. OAKLAND PK. BLVD

Suite, Apt. #, etc.

209

Suite, Apt. #, etc.

209

City & State

FT. LAUDERDALE FLORIDA

City & State

FT. LAUDERDALE FLORIDA

Zip

33313

Country

U.S.A.

Zip

33313

Country

U.S.A.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0856369

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUMEN, JANE B

5950 W OAKLAND PK BLVD

#209

LAUDERHILL FL 33313

7. Name and Address of New Registered Agent

Name

DAVID MILNER, M.D.

Street Address (P.O. Box Number is Not Acceptable)

5950 W. OAKLAND PARK BLVD

209

City

FT. LAUDERDALE

FL

Zip Code

33313

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

[Signature]

DAVID MILNER, M.D.

PRESIDENT 03/14/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **D GERSTLE, MARK**
STREET ADDRESS **19495 BISCAYNE BLVD. #705**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete

NAME **D MILNER, DAVID M.D.**
STREET ADDRESS **1100 N.W. 95TH AVENUE**
CITY-ST-ZIP **PLANTATION FL 33322**

TITLE ☐ Delete

NAME **D ROHER, JUDY**
STREET ADDRESS **8100 S.W. 24TH STREET #106**
CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

TITLE ☒ Delete

NAME **D SUMEN, JANE B**
STREET ADDRESS **11 RIDGE BOULEVARD**
CITY-ST-ZIP **OCEAN RIDGE FL 33435**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME **VICE-PRESIDENT MARK GERSTLE, C.P.A.**
STREET ADDRESS **19495 BISCAYNE BLVD #705**
CITY-ST-ZIP **AVENTURA, FL. 33180**

TITLE ☒ Change ☐ Addition

NAME **PRESIDENT DAVID MILNER, M.D.**
STREET ADDRESS **1854 N.W. 106TH TERRACE**
CITY-ST-ZIP **PLANTATION, FL. 33322**

TITLE ☒ Change ☐ Addition

NAME **SECRETARY/TREASURER JUDY ROHER**
STREET ADDRESS **4706 QUEEN PALM LANE**
CITY-ST-ZIP **TAMARAC, FL. 33319**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **DAVID MILNER, M.D.**

03/14/03 (954) 485-4006x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

202

CR2E034 (10/02)