

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90013 019 ***158.75

DOCUMENT # P98000068256

1. Entity Name

CLINICAL HOME CARE, INC.

P

Principal Place of Business

3500 FAIRLANE FARMS RD.,STE.11
WELLINGTON FL 33414

Mailing Address

3500 FAIRLANE FARMS RD.,STE.11
WELLINGTON FL 33414

2. Principal Place of Business

11360 FORTUNE CIR.

3. Mailing Address

9188 TALWAY CIR

Suite, Apt. #, etc.

E29

Suite, Apt. #, etc.

E

City & State

Wellington, FL

City & State

Boynton Beach, FL

Zip

33414

Country

P. Beh

Zip

33437

Country

P. Beh

6. Name and Address of Current Registered Agent

ROBBINS, QSTEVEN L ESQUIRE
6334 FOSTER ST.,STE.100
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name

Robert A. Paneque

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

9188 Talway Cir.

Boynton Beach, FL

City

FL 33437

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)

Robert A. Paneque

DATE

9/11/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	Paneque, Robert A	
STREET ADDRESS	3500 FAIRLANE FARMS RD.,STE.11	
CITY-ST-ZIP	Wellington FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PIVIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANEQUE, ROBERT A.	
STREET ADDRESS	11360 FORTUNE CIR E29	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRANEQUE, MARIA R.	
STREET ADDRESS	9188 TALWAY CIR	
CITY-ST-ZIP	11360 FORTUNE CIR E29	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wellington, FL 33414	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 information.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/00 (561) 333-0078
Date Daytime Phone #

CR2E734 (5/00)

Clinical Home Care, Inc.
11360 Fortune Circle #E29
Wellington, FL. 33414

Attachment
D#P800068252
DW85532

September 11, 2000

Division of Corporations
Uniform Business Report Filing
PO BOX 1500
Tallahassee, FL. 32302-1500

Reference: Late Fee

Dear Sir or Madam:

I come to you humbly, requesting a waiver of my delinquent fees. I am the only one in my company and have by no fault other than my own negligence failed to file on time.

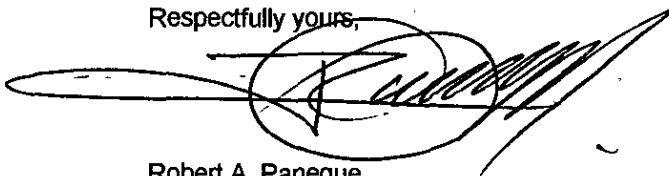
You see, I was accustomed to receiving your form in May with the words "1st Notice Without Penalty". This year however the form did not have this "warning" and for some reason I thought I had till September to file.

When I opened the form I was, needless to say, taken aback with the \$550 filing fee now due. I do not have this type of money since I am still a very small operation and already am barely making it from month to month.

I would greatly appreciate it if this penalty could be waived. I have also changed the name of the Registered agent to my self with my home address so that I will in the future receive your correspondence at home avoiding any possible delays due to moves or others as such. And I have assigned a secretary to help with this type of paper work.

I thank you in advance for your kind attention to this request.

Respectfully yours,

A handwritten signature in black ink, appearing to read 'R. Paneque', is written over a circular stamp. The signature is fluid and cursive.

Robert A. Paneque
President
Clinical Home Care, Inc.