

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JAN 17 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99800007667

1. Entity Name

Voleusa Family Care, PA.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

661 S. Nova Rd.

Suite, Apt. #, etc.

3. Mailing Address

661 S. Nova Rd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

4. FEI Number

59-3547579

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name George Solomon, M.D.

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

661 S. Nova Rd.

City

Ormond Beach

FL

Zip Code

32174

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PO  
George Solomon  
661 S. Nova Rd.  
Ormond Beach, FL 32174

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000010180190  
01/17/03--01020--006 \*\*158.75

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**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

7/1/22

To Whom It May Concern:

This is to certify that we had never received the uniform business report for the tax year that was due during the first quarter of the year of 2002.

The tax form was mailed and the check in the amount of \$ 158.75 was cashed on November 6, 2002 when we mailed to you the request to reinstatement. Since, than you had mailed to us a letter for a balance of \$ 600.00, that is due. Upon talking with an agent she informed us to file this letter again and attach the new form for this year.

I am enclosing the new-year UNIFORM BUSINESS REPORT with the payment of \$158.75.

Please forward to us the Certificate of Status for our record. If you have any question in regards to this matter please feel free to call us at any time at (386) 453-8429 and ask for Sherif Saad.

Yours truly,



George Solomon. M.D.