

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90105 050 \*\*\*550.00

DOCUMENT # P99000013209

1. Entity Name  
INTENSICARE, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
11554 SW 127 COURT  
Suite, Apt. #, etc.

3. Mailing Address  
11554 SW 127 COURT  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number 65-0906856	Applied For Not Applicable
Zip 33186	Country US	Zip 33186	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
BAKER, RONALD G.  
Street Address (P.O. Box Number is Not Acceptable)  
4675 PONCE DE LEON BLVD  
SUITE 301  
City  
CORAL GABLES FL Zip Code  
33146

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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME EGOL, ANDREW  
STREET ADDRESS 11554 SW 127 COURT  
CITY-ST-ZIP MIAMI, FLORIDA 33186

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CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE: X

ANDREW EGOL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #