

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90050 027 ***558.75

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DOCUMENT # P99000015220

1. Entity Name
WE CARE HOME HEALTH, INC.



Principal Place of Business
**8597 MAGNOLIA DRIVE
LARGO FL 33777**

Mailing Address
**8597 MAGNOLIA DRIVE
LARGO FL 33777**



2. Principal Place of Business
10911 53rd AV. No.

3. Mailing Address
P.O. Box 3690

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
St. Petersburg, FL

City & State
Seminole, FL

4. FEI Number **59-3560375**

Applied For
Not Applicable

Zip Country
33708 USA

Zip Country
33775 USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARLSON, AMY M
8597 MAGNOLIA DRIVE
LARGO FL 33777**

Name **Amy M. Miller**
Street Address (P.O. Box Number is Not Acceptable)
10911 53rd AV. No.

City **St. Petersburg** FL Zip Code **33708**

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 **Amy M. Miller**

DATE **7/9/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CARLSON, AMY M**
STREET ADDRESS **8597 MAGNOLIA DRIVE**
CITY-ST-ZIP **LARGO FL 33777**

TITLE **OWNER** ☒ Change ☐ Addition
NAME **Amy M. Miller**
STREET ADDRESS **10911 53rd AV. No.**
CITY-ST-ZIP **St. Petersburg, FL 33708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **7/9/03** DAYTIME PHONE # **727-892-9056**

DATE DAYTIME PHONE #

CR2E034 (4/03)