

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91336 042 ***150.00

DOCUMENT # **P99000035396**
1. Entity Name

ELDERCARE USA, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2171 Deep Hollow Ln
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Longwood FL

Zip
32779

Country
Seminole

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
DAVID SCHINDLER

Street Address (P.O. Box Number is Not Acceptable)
2171 Deep Hollow Ln

City
Longwood

State
FL

Zip Code
32779

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

04-29-02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 NAME STREET ADDRESS CITY - ST - ZIP	Director Schindler, David 2171 Deep Hollow Ln Longwood FL 32779	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

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: **David Schindler**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-02 Date **407-810-3456** Daytime Phone #