8/8/

FILED Aug 21, 2000 8:00 am Secretary of State

08-08-2000 90004 004 ***150.00

A LUMPLUMA ATU TOKAN ROSHA MORKA DOLTA NOTER ABESTA ORALO KOTEN PROTE BURKA ORAK TANGK

2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: X MIT QUILLE LA ENDE COLOR EN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P99000049206

1. Entity Name

DUNCANSON HEALTHCARE SERVICES, INC.

(7)

Principal Place of Business 2217 SW 80 TERR MIRAMAR FL 33025 Mailing Address

2217 SW BO TERR MIRAMAR FL 33025

							A BASA IBUS KEKI bi	IIM BIIL ITAI
2. Principal Place of Business 12655.W. 101 Termo 3146 N. W. 68 Street					E SANTONI LIO TRUMO LICHI DONIN DONIN DONIN DONIN DIRIND CARDO MANDO TITALO DANINO DININ DONINO DANIN CORRE			
Suite, Apt.	#, etc.	<u> </u>		DO NO	T WRITE IN TH	IS SPACE		
Bldg. No. 11 Ant NJ. 306 STE. No. 1 Pembroke Piver Floring Thouse State				4, 1	FEL Number	1250	JJJ_} -	plied For t Applicable
Zip	Country A	Country 6 A		45 V	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>	\$8.75 Add		
3 3a	25 (15/1	33309	-USA	11. 1	Certificate of Status De		> Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name								
DUN	CANSON, HYACINTH	<u> </u>	-1 C	CLIFTON H. ROPRIQUEZIUA				
	SW 80 TERR	Street Address (P.O. Box Number is Not Acceptable)						
MIRAMAR FL 33025								
		City						
)		[.]-g	unitary (la Osida	-133	504
8. The above named entity submits this statement of the purpose of changing its registered office or registered count or the purpose of changing its registered of the or registered count or the purpose of changing its registered of the or registered count or the purpose of th								
SIGNATURE .	Hracinth 1	NAME	xex ()	aculot	i Dunca	Del L	97/27	//UO
SIGNATURE .	Signature, typed or printed name of registered egent and	tate it applicable. (NOTE: R	logistered Agent signet	re required when re	einstating)	1		
9. This carpo	ration is eligible to satisfy its Intangible		FEE IS \$550.		10. Election Camps	ion Financino	\$5.0°	O May Se
	equirement and elects to do so.	After SEPTEMBER 13,			Trust Fund Con			to Fees
<u> </u>	OFFICERS AND DI	Make Check Payable	12.		DDITIONS/CHANGES/	O DEFICERS A	NO DIRECTORS	SIN 11 .
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NAME		C Docum	NAME	Hugain	The Owner	C- 02m		_ [
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STREET ADDRESS	•		STREET ADORESS	(ļ
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IITLE		Delate	TITLE				Change	Addition
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CITY-ST-ZIP			CITY-ST-ZIP					_ (
	ertify that the information supplied with th							
of the corp	on this report or supplemental report is tru poration or the receiver or trustee empower	ered to execute this report as	signature shall h required by Cha	ave tne sama (pter 607, Flori	iegai епестав ії made da Statutes; and that m	noer oath; that y name appear	s in Block 11 or	Block 12 if
changed, or on an attachment with an address, with all other like empowered.								

attackment

Attacked is the annua report for one of my clients: According to my client, I tyacinth A. Dinconson, she werer received the initial form. The second request (i.e. UBR) was forwarded to her new address. Thus, I advised her to pay the \$ 150.00 annual Alling for given that sa vever received the Regardy

report.