2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P99000058696 **DOCUMENT #**

1. Entity Name

EL PINAR CARE CENTER, INC.



FILED Mar 12, 2003 8:00 am secretary of State

03-12-2003 90067 041 ***150.00

					/					
Principal Place of Business 4652 BELVEDERE ROAD WEST PALM BEACH FL 33415		Mailing Address 4652 BELVEDERE ROAD WEST PALM BEACH FL 33415								
2. Principal	Place of Business	3. Ma	iling Address		\dashv					
Suite, Ap	ot. #, etc.	Sui	te, Apt. #, etc.		_					
						CHECK HERE IF MAKING CHANGES				
City & State		City	/ & State		4	4. FEI Number 65-0930736		\rightarrow	pplied For ot Applicable	
Zip Country				Country	5. Certificate of Status Desired S8.75 Add		ditional			
	6. Name and Address of Curren	t Register	ed Agent	· [7	7. Name and Address of New Regist		Require	<u> </u>	
				Name	.		noo ngo.			
FERNAN	Street Address	Street Address (P.O. Box Number is Not Acceptable)								
4652 BE										
WEST PA	ALM BEACH FL 33415									
	•			City		***************************************	FL	Zip Cod	e	
8. The abov	e named entity submits this statement for	or the purp	oose of changing its red	1 aistered office or reais	tered	agent, or both, in the State of Florida		iar with	and accept	
the obliga	ations of registered agent.,			·				,		
SIGNATURE										
	Signature, typed or printed name of registered agent	t and title if app	olicable. (NOTE: Re	egistered Agent signature requ	ired whe	en reinstating)	ATE			
	FILE NOW!!! FEE IS \$150.00					9. Election Campaign Financin	~	AF 0	0	
Afte Make Cher	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	of State				Trust Fund Contribution.	, 		0 May Be to Fees	
10.	OFFICERS AND		une.	122		ABBITIONS OF THE OFFICE				
TITLE	P .	DIRECTO	□ Delete	11.		ADDITIONS/CHANGES TO OFFICERS		ECTORS Change	S IN 11 Addition	
NAME	FERNANDEZ, MIROSLAVA		□ Delete	NAME			Ц	Change	Addition	
STREET ADDRESS	4652 BELVEDERE ROAD	•		STREET ADDRESS						
CITY-ST-ZIP	WEST PALM BEACH FL 33415			CITY-ST-ZIP						
TITLE			☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS				NAME STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP						
TITLE			☐ Delete	TITLE			[7]	Change	☐ Addition	
NAME				NAME				onunge	Accition	
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP				1						
TITLE		-		CITY-ST-ZIP:	-	April 1944				
	John J. A	-	☐ Delete	TITLE	~ ~	Appello Service Control of the Contr		Change	Addition	
NAME	,	-	Delete	TITLE NAME				Change	Addition	
		-	☐ Delete	TITLE NAME STREET ADDRESS		Appell for the second s		Change	Addition	
NAME STREET ADDRESS		-	☐ Delete	TITLE NAME		April 100 april	•	Change Change	Addition	

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 attach with an address, with all other like empowered

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

Change

Addition

☐ Addition