

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90218 024 ***150.00

DOCUMENT # V45764

1. Entity Name
L & L HOME HEALTH CARE, INC.

Principal Place of Business

8600 NW RIVER DR.
 208
 HOLIDAY FL 33166

Mailing Address

PO BOX 5114
 HIALEAH FL 33014

2. Principal Place of Business

3. Mailing Address

L & L Home Health Care

Suite, Apt. #, etc.

PO Box 127418

City & State

HIALEAH FL

Zip

33014

Country

MIA DADE

4. FEI Number

65-0347183

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDIVIA, MIRTHA M
 8600 NW S RIVER DR STE 208
 MEDLEL FL 33766

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 name 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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE NAME | PD VALDIVIA, MIRTA M | <input type="checkbox"/> Delete |
| STREET ADDRESS | 8600 NW S RIVER DR STE 208 | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |
| TITLE NAME | SD VALDIVIA, OSCAR | <input type="checkbox"/> Delete |
| STREET ADDRESS | 8600 NW SOUTH RIVER DR STE 208 | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M. Valdivia*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 *305 264 0794*
 Date Daytime Phone #

CR2E034 (10/00)