2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # 734082 1. Entity Name						
1. Entity Name ABC-HOME-HEALTH-SERVICES, INC. SHANDS JACKSON VILLE COMMUNITY SERVICES, INC. Principal Place of Business Mailing Address			FILED			
		INC 02 M	AY - 1 AM 10: !	51		
		CEODETADA OF CTATE				
80 WEST 8TH STREET ATTENTION: CHARLES E. ACKSONVILLE FL 32209 655 WEST 8TH STREET JACKSONVILLE FL 32209			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.		The state of the s			BII 618If 1823	
			DO NOT WRITE IN TH	IIS SPACE		
City & State City & State		4. FEI Number 5	1-0173761		pplied For lot Applicabl	
Zip Country Zip	Country	5. Certificate of St	atus Desired	\$8.75 Ac	Iditional	
6. Name and Address of Current Registered Agent		7. Name and Add	ress of New Registere	Fee Require	ed 	
	Name			o Agent		
CANIFF,CHARLES E. ESQ. 655 WEST 8TH STREET	Street Add	Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32209						
3. The above named entity submits this statement for the purpose of changing its	City		-	L Zip Cod	de	
	E: Registered Agent signature		DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOT FILE NOW: FEE IS \$61.25 9. Election Cal	TE: Registered Agent signature mpaign Financing Contribution.	\$5.00 May Be	Make Che	eck Payable nent of State		
FILE NOW: FEE IS \$61.25 9. Election Call Trust Fund (mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Che	ck Payable nent of State	e	
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