

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90123 040 ***150.00

FORM 198 4T

DOCUMENT # F99000006099

1. Entity Name
PALMS OF PASADENA HOMECARE, INC.

Principal Place of Business 113 SEABOARD LANE STE A200 FRANKLIN TN 37067	Mailing Address 113 SEABOARD LANE STE A200 FRANKLIN TN 37067
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1797790	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete GOWER, WAYNE 113 SEABOARD LANE, STE A-200 FRANKLIN TN 37067	TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition McRee, Sandra 113 Seaboard Lane, Suite A200 Franklin, TN 37067
TITLE VT	<input type="checkbox"/> Delete WHITMER, WILLIAM 113 SEABOARD LANE, STE A-200 FRANKLIN TN 37067	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lightcap, Jeffrey C. 450 Lexington Avenue, Suite 3350 New York, NY 10017
TITLE CEO	<input type="checkbox"/> Delete WHITE, DAVID 113 SEABOARD LANE, STEVA-200 FRANKLIN TN 37067	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	<input checked="" type="checkbox"/> Delete HISCHKE, LINDA 113 SEABOARD LANE, STE A-200 FRANKLIN TN 37067	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	<input type="checkbox"/> Delete COYLE, FRANK A 113 SEABOARD LANE, SUITE A-200 FRANKLIN TN 37067	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> Delete LEVY, PAUL S 113 SEABOARD LANE, SUITE A-200 FRANKLIN TN 37067	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Frank A. Coyle **REQUIRED** **Secretary** **1-30-2002** **615-844-2747**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)