

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2002 8:00 am
Secretary of State

05-23-2002 90076 001 ***150.00

iv-0500101

DOCUMENT # P01000111373

1. Entity Name
HOME HEALTH AGENCY-HERNANDO, INC.

Principal Place of Business 2530 GARY CIRCLE STE 802 DUNEDIN FL 34698	Mailing Address 2530 GARY CIRCLE STE 802 DUNEDIN FL 34698
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3757326	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BUSINESS FILINGS INCORPORATED
 1000 WEST AVENUE SUITE 1114
 MIAMI BEACH FL, 33139

7. Name and Address of New Registered Agent
 Name: David DeCamella
 Street Address (P.O. Box Number is Not Acceptable):
2530 Gary Circle
802
 City: Dunedin FL Zip Code: 34698

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: David DeCamella (NOTE: Registered Agent Signature Required when Filing) DATE: 4/24/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D NAGPAL, BEENA 9143 PHILLIPS HWY STE 570 JACKSONVILLE FL 32258	<input type="checkbox"/>
D NAGPAL, NARESH 9143 PHILLIPS HWY STE 570 JACKSONVILLE FL 32258	<input type="checkbox"/>
D. DECAMELLA, DAVID 2530 GARY CIRCLE STE 802 DUNEDIN FL 34698	<input type="checkbox"/>
<input type="checkbox"/> Delete	<input type="checkbox"/>
<input type="checkbox"/> Delete	<input type="checkbox"/>
<input type="checkbox"/> Delete	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<u>2378 NW 60th St</u> <u>Boca Raton, FL 33496</u>	<input checked="" type="checkbox"/>
<u>2378 NW 60th St</u> <u>Boca Raton, FL 33496</u>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/>

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: Beena Nagpal **SIGNATURE REQUIRED**

Date: 4/24/02

CR2E034 (9/01)