

2002 UNIFORM BUSINESS REPORT (UBR)

0106999 AV

DOCUMENT # P01000111373
 1. Entity Name
HOME HEALTH AGENCY-HERNANDO, INC.

FILED

02 OCT -8 PM 1:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
**2530 GARY CIRCLE STE 802
 DUNEDIN FL 34698**

Mailing Address
**2530 GARY CIRCLE STE 802
 DUNEDIN FL 34698**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
5429 Commercial way
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Spruce Hill, Florida

Zip
34606

Country
Hernando

4. FEI Number
59-3757326

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

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. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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	D <input type="checkbox"/> Delete NAGPAL, BEENA 9143 PHILLIPS HWY STE 570 JACKSONVILLE FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete NAGPAL, NARESH 9143 PHILLIPS HWY STE 570 JACKSONVILLE FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DECAMELLA, DAVID 2530 GARY CIRCLE STE 802 DUNEDIN FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600008327866 -10/11/02--01022--020 *****550.00 *****550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: DATE _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)