FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State
07-10-2002 90183 011 ***150.00

DOCUMENT # P97000012463

B01281491

1. Entity Name
FAITH HOME HEALTH, INC ✓

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2508 W. Tampa Bay BLVD	Same
Suite, Apt. #, etc. FL	Suite, Apt. #, etc.
City & State Tampa FL	City & State
Zip / Country	Zip / Country

4. FEI Number 650729746 — ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Gilmore, Ricardo L
Street Address (P.O. Box Number is Not Acceptable)
One Bernett Plaza
101 E KENNEDY BLVd Suite 320
City Tampa FL 33601 **FL** Zip Code 33601

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. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Celina Okpaleke 2508 W. Tampa Bay Tampa FL 33607 Blvd
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Celina Okpaleke 6/21/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
#P97000024463

FAITH HOME HEALTH, INC.
2508 W. TAMPA BAY BLVD.
TAMPA, FL 33607

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6250
Tallahassee FL 32314

June 21, 2002

To whom it may concern,

Due to change of address, I didn't get your annual report notice this year.
I requested for renewal form but I didn't get it. I finally found out on-line form.

Please, I will like to request penalty waived to pay $150.00 renewal fee.

Thanks for your cooperation.

Sincerely,

Celina Okpaleke Pa-C
President/CEO

PHONE: (813) 209-9399
FAX: (813) 301-8075