

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 637468****1. Entity Name**
PADGETT'S HOME CARE AND OSTOMY CENTER, INC.

Principal Place of Business	Mailing Address
4050 13TH ST	4050 13TH ST
ST CLOUD FL 34769	ST CLOUD FL 34769
US	US

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1938587**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****PADGETT, PATRICIA B**
5100 HELEN CT.
ST CLOUD FL 34772

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PST	<input type="checkbox"/> Delete
NAME	PADGETT, PATRICIA B	
STREET ADDRESS	5100 HELEN CT.	
CITY-ST-ZIP	ST CLOUD FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	ROGERS, STEVEN M.	
STREET ADDRESS	2106 OAK VIEW CIRCLE	
CITY-ST-ZIP	ST CLOUD FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, BETH	
STREET ADDRESS	329 EASTERN AVE	
CITY-ST-ZIP	ST CLOUD FL 34769	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	PADGETT, DAVID S	
STREET ADDRESS	4223 GOLDRUSH LANE	
CITY-ST-ZIP	SAINT CLOUD FL 34772	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1200 Myrtle Av	
CITY-ST-ZIP	St. Cloud FL 34771	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAY, GARY M	
STREET ADDRESS	4109 NATCHEZ TRACE DR	
CITY-ST-ZIP	ST CLOUD FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Patricia B. Padgett* **Patricia B. Padgett**

1-4-02 407-892-3037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1805950
AV

CR2E034 (9/01)

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90015 004 ***150.00

00002197



DO NOT WRITE IN THIS SPACE