2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758943

HEARTLAND HOME HEALTH AGENCY, INC.

FILED Sep 15, 2002 8:00 am Secretary of State 09-15-2002 90093 016 ****61.25

Principal Pla	ce of Busines	S	Mailing Address						
111 N ORLANDO AVE WINTER PARK FL 32789			111 N ORLANDO AVE WINTER PARK FL 32789				7		
							11		
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		Ð	DO NOT WRITE IN THIS SPACE			
City & State			City & State		4. FEI Number 59-				
Zip Country		Country	Zip Country			5 Certificate of Status Desired Status Desired 5 \$8.75 Additional			
	6 Name	and Address of Current	Pagistared Agent	<u></u>		— Fe	e Require	<u>d</u>	4
**	U. INDING	and Address of Current	negistered Agent	Name	7. Name and Addres	ss of New Registered Age	ent		┨
TOURDUC	+.			Street Add	lress (P.O. Box Number is No	Accentable)			-
TRIMBLE,	i l Klando ave	•		Olidel Add		Ассертавіе)			_
	PARK FL 327								
				City		FL	Zip Code)	1
8. The above	named entity	y submits this statement fo	r the purpose of changing its	registered office or re	egistered agent, or both, in the	State of Florida. I am fam	niliar with,	and accept	1
the obliga	lions or regist	ered agent.							
SIGNATURE									
	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature	required when reinstating)	DATE			
After September 13, 2002, min. will be \$236.25.			9. Election Campaign Financing Trust Fund Contribution.		Make Check Payable to Department of State				
10.		OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIREC	TORS IN	10	┨
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

9/12/2002 407-975-1413