

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F13746

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: ROBERTS HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

5400 PARK BLVD
C/O OPAL L. ROBERTS
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

Current Mailing Address:

5400 PARK BLVD
C/O OPAL L. ROBERTS
PINELLAS PARK, FL 33781 US

New Mailing Address:

FEI Number: 59-2051831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, OPAL L.
5400 PARK BLVD
PINELLAS PARK, FL 33781 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBERTS, OPAL L.,
Address: 5400 PARK BLVD
City-St-Zip: PINELLAS PARK, FL 33781

Title: VD () Delete
Name: ROBERTS, DAVIS W.,
Address: 5400 PARK BLVD
City-St-Zip: PINELLAS PARK, FL 33781

Title: ST () Delete
Name: ROBERTS, BARBARA A.,
Address: 5400 PARK BLVD
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTS, OPAL L

PD

04/30/2002

Electronic Signature of Signing Officer or Director

Date