

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000397

1. Entity Name

BIOMEDICAL HOME CARE, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90121 045 ***150.00

Principal Place of Business

Mailing Address

8208 BROWN LEIGH DRIVE
RALEIGH NC 27612

311 WEISGARBER ROAD S.W.
KNOXVILLE TN 37919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-1378753

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Delete
NAME BLOM-ANTONIO, LADONNA
STREET ADDRESS 1600 TAMiami TRAIL, 4TH FLOOR
CITY-ST-ZIP MURDOCK FL 33938-0549

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTD ☐ Delete
NAME DAVIS, GREGG
STREET ADDRESS 1600 TAMiami TRAIL, 4TH FLOOR
CITY-ST-ZIP MURDOCK FL 33938-0549

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME WIESE, CALVIN
STREET ADDRESS 111 NORTH ORLANDO AVENUE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ Change ☒ Addition
NAME SHAW, TERRY
STREET ADDRESS 111 NORTH ORLANDO AVENUE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☒ Delete
NAME BLAIR, MARDIAN
STREET ADDRESS 111 NORTH ORLANDO AVENUE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ Change ☒ Addition
NAME WERNER, THOMAS
STREET ADDRESS 111 NORTH ORLANDO AVENUE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ Delete
NAME HENDERSCHIEDT, ROBERT
STREET ADDRESS 111 NORTH ORLANDO AVENUE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☒ Delete
NAME HAAS THALER, DEBORAH
STREET ADDRESS 1000 ABERNATHY RD, BLD 400, STE 1825
CITY-ST-ZIP ATLANTA GA 30328

TITLE AS ☐ Change ☒ Addition
NAME TRIMBLE, T.L.
STREET ADDRESS 111 NORTH ORLANDO AVENUE
CITY-ST-ZIP WINTER PARK FL 32789

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T.L. Trimble

Date

(407) 975-1413

Daytime Phone #

CR2E034 (9/99)