

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000515

1. Entity Name  
CARESOUTH HOME HEALTH SERVICES, INC.

**FILED**  
**Aug 10, 2000 8:00 am**  
**Secretary of State**

08-10-2000 90012 028 \*\*\*550.00

Principal Place of Business  
577 MULBERRY ST.  
STE ~~1200~~ 600  
MACON GA 31210  
US

Mailing Address  
577 MULBERRY ST  
STE ~~1200~~ 600  
MACON GA 31210  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-2198545

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

C T CORPORATION SYSTEM --  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 D  
NAME JUBIER, T J  
STREET ADDRESS 577 MULBERRY ST STE ~~1200~~ 600  
CITY-ST-ZIP MACON GA 31210 ☐ Delete

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

TITLE D  
NAME KIMSEY, BOB  
STREET ADDRESS 577 MULBERRY ST STE ~~1200~~ 600  
CITY-ST-ZIP MACON GA 31201 ☐ Delete

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

TITLE ~~S~~ CEO  
NAME GRIFFIN, RICK W  
STREET ADDRESS 577 MULBERRY ST STE ~~1200~~ 600  
CITY-ST-ZIP MACON GA 31210 ☐ Delete

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

TITLE P  
NAME CONNERS, RON PH.D.  
STREET ADDRESS 577 MULBERRY STREET 12TH FL  
CITY-ST-ZIP MACON GA 31298 ☒ Delete

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

TITLE D  
NAME MANOS, PETER  
STREET ADDRESS 577 MULBERRY ST STE 1200  
CITY-ST-ZIP MACON GA 31210 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 REQUIRED**

7-26-00 (912) 752-0220

Rick W. Griffin

Date

Daytime Phone #

CR2E034 (5/00)