

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003418

1. Entity Name

HOME HEALTH SYSTEMS ACQUISITION CORP.

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

05-10-2000 90137 029 \*\*\*150.00

Principal Place of Business

Mailing Address

500 N. DIXIE HIGHWAY  
#8  
HOLLYWOOD FL 33020

C/O GATEWAY HOMECARE  
18W100 22ND ST., SUITE 102A  
OAKBROOK TERRACE IL 60181-4448

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

18 W 100 22ND ST, STE 102A

OAK BROOK TERRACE, IL

City & State

4. FEI Number 36-4088908

Applied For

Not Applicable

Zip 60181-4448

Country USA

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

CORPORATION SERVICE COMPANY.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name

CT Corporation System

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

1200 S. Pine Island Rd.

City

Plantation

FL

Zip Code 33324

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.

Christine M. Eastwine

Assistant Secretary

SIGNATURE 

(NOTE: Registered Agent signature required when reinstating)

4/26/00

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 PD  
NAME YORK, CHRISTOPHER J  
STREET ADDRESS 18W100 22ND ST., STE. 102A  
CITY-ST-ZIP OAKBROOK TERRACE IL 60181

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD  
NAME BIRCH, LAURENCE P  
STREET ADDRESS 18W100 22ND ST., STE. 102A  
CITY-ST-ZIP OAKBROOK TERRACE IL 60181

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

630-495-9812

Daytime Phone #

CR2E034 (9/99)