

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0698257 AT

**DOCUMENT # F96000004063**



1. Entity Name  
**ORNDA HOMECARE, INC.**

FILED  
03 APR 17 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>3820 STATE STREET SANTA BARBARA CA 93105</b>	Mailing Address <b>% MARY H. YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **95-4589613**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>WESTBROOK, KEN</b>	
STREET ADDRESS	<b>2010 MAIN STREET., STE 650</b>	
CITY-ST-ZIP	<b>IRVINE CA 92614</b>	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	<b>SILVER, RICHARD B</b>	
STREET ADDRESS	<b>3820 STATE STREET</b>	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>DENT, DENNIS L</b>	
STREET ADDRESS	<b>3820 STATE STREET</b>	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>	
TITLE	AS	<input type="checkbox"/> Delete
NAME	<b>LARSEN, CAITLIN M</b>	
STREET ADDRESS	<b>3820 STATE STREET</b>	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

**100017553041**  
04/30/03--01042--003    \*\*150.00

CR2E034 (10/02)

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 607, 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:** *SILVER* **SIGNATURE REQUIRED**      4/10/03      \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #