

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004320

1. Entity Name

NUMED HOME HEALTH CARE, INC.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90022 032 \*\*\*150.00

|  |  |
|--|--|
| Principal Place of Business                          | Mailing Address                                      |
| 5770 ROOSEVELT BLVD., STE 700<br>CLEARWATER FL 33760 | 5770 ROOSEVELT BLVD., STE 700<br>CLEARWATER FL 33760 |

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



DO NOT WRITE IN THIS SPACE

|                                  |  |                          |                                |
|----------------------------------|--|--------------------------|--------------------------------|
| 4. FEI Number                    |  | 34-1711764               | Applied For                    |
|                                  |  |                          | Not Applicable                 |
| 5. Certificate of Status Desired |  | <input type="checkbox"/> | \$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<br>1200 SOUTH PINE ISLAND ROAD<br>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 \_\_\_\_\_ (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) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> |
|---|---|---|------------------------------------|

|                            |                                      |   |  |
|----------------------------|--------------------------------------|---|--|
| 11. OFFICERS AND DIRECTORS |                                      | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
| TITLE                      | PCEO <input type="checkbox"/> Delete | TITLE   | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | CARMICHAEL, SUSAN J                  | NAME  | Traber, Martin A., Esq.  |
| STREET ADDRESS             | 5770 ROOSEVELT BLVD., STE 700        | STREET ADDRESS  | c/o Foley & Lardner, 100 N. Tampa Street                                       |
| CITY-ST-ZIP                | CLEARWATER FL 33760                  | CITY-ST-ZIP   | Suite 2700, Tampa, FL 33602  |
| TITLE                      | <input type="checkbox"/> Delete      | TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                      | NAME  | Chema, Thomas V.   |
| STREET ADDRESS             |                                      | STREET ADDRESS  | 1100 Huntington Building   |
| CITY-ST-ZIP                |                                      | CITY-ST-ZIP   | Cleveland, OH 44115  |
| TITLE                      | <input type="checkbox"/> Delete      | TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                      | NAME  | Osborne, Richard M.  |
| STREET ADDRESS             |                                      | STREET ADDRESS  | 8500 Station Street, Suite 100   |
| CITY-ST-ZIP                |                                      | CITY-ST-ZIP   | Mentor, OH 44060   |
| TITLE                      | <input type="checkbox"/> Delete      | TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                      | NAME  | Gorman, J. Michael   |
| STREET ADDRESS             |                                      | STREET ADDRESS  | 1109 South Main Street   |
| CITY-ST-ZIP                |                                      | CITY-ST-ZIP   | Landis, NC 27615   |
| TITLE                      | <input type="checkbox"/> Delete      | TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                      | NAME  | Smith, Thomas J.   |
| STREET ADDRESS             |                                      | STREET ADDRESS  | 8500 Station Street, Suite 100   |
| CITY-ST-ZIP                |                                      | CITY-ST-ZIP   | Mentor, OH 44060   |
| TITLE                      | <input type="checkbox"/> Delete      | TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                      | NAME  | Taneja, Jugal K.   |
| STREET ADDRESS             |                                      | STREET ADDRESS  | 6950 Bryan Dairy Road  |
| CITY-ST-ZIP                |                                      | CITY-ST-ZIP   | Largo, FL 33777  |

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: Susan J Carmichael 4/30/00 127-524-3227  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (9/99)