

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90148 006 ***150.00

DOCUMENT # F97000004320

1. Entity Name

NUMED HOME HEALTH CARE, INC.

Principal Place of Business

5770 ROOSEVELT BLVD., STE 700
 CLEARWATER FL 33760

Mailing Address

5770 ROOSEVELT BLVD., STE 700
 CLEARWATER FL 33760

2. Principal Place of Business

5025 W. LEMON ST.

Suite, Apt. #, etc.

3. Mailing Address

5025 W. LEMON ST.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33609

Country

Zip

33609

Country

4. FEI Number

34-1711764

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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

CAREY, MICHAEL R.

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

712 SOUTH OREGON AVENUE

City

TAMPA

FL

Zip Code

33606

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

Michael R. Carey

MICHAEL R. CAREY

4/27/01

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, 2001 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

TITLE ☐ Delete
 NAME **PCEO**
 STREET ADDRESS **CARMICHAEL, SUSAN J**
 CITY-ST-ZIP **5770 ROOSEVELT BLVD., STE 700
 CLEARWATER FL 33760**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **TANEJA, JUGAL K**
 CITY-ST-ZIP **6950 BRYAN DAIRY ROAD
 LARGO FL 33777**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SMITH, THOMAS J**
 CITY-ST-ZIP **8500 STATION STREET SUITE 100
 MENTOR OH 44060**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **GORMAN, J. MICHAEL**
 CITY-ST-ZIP **1109 SOUTH MAIN STREET
 RALEIGH NC 27615**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **OSBORNE, RICHARD M**
 CITY-ST-ZIP **8500 STATION STREET SUITE 100
 MENTOR OH 44060**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5025 W. LEMON ST.**
 CITY-ST-ZIP **TAMPA, FL 33609**

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

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

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

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

TITLE ☒ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **CHEMA, THOMAS V.**
 CITY-ST-ZIP **925 EUCLID AVE., SUITE 1100
 CLEVELAND, OH 44115**

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 President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/01

Daytime Phone #

727 524 3227

CR2E034 (10/00)

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