

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90155 046 ***150.00

MAKING AN

DOCUMENT # F97000004320

1. Entity Name

NUMED HOME HEALTH CARE, INC.

Principal Place of Business

**5025 W LEMON STREET
TAMPA FL 33609**

Mailing Address

**5025 W LEMON STREET
TAMPA FL 33609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-1711764

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

**CAREY, MICHAEL R
712 S OREGON AVE
TAMPA FL 33606**

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 \$150.00
After May 1, 2002 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 **PCEO** ☒ Delete
NAME **CARMICHAEL, SUSAN J**
STREET ADDRESS **5025 W LEMON STREET**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **PRESIDENT, DIRECTOR** ☐ Change ☒ Addition
NAME **STANTON, JOHN D.**
STREET ADDRESS **P.O. BOX 24567**
CITY-ST-ZIP **TAMPA, FL 33609 23**

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

TITLE **TREASURER, DIRECTOR** ☐ Change ☒ Addition
NAME **KLACE, TIM**
STREET ADDRESS **P.O. BOX 24567**
CITY-ST-ZIP **TAMPA, FL 33609 23**

TITLE **D** ☒ Delete
NAME **CHEMA, THOMAS V**
STREET ADDRESS **925 EUCLID AVE STE 1100**
CITY-ST-ZIP **CLEVELAND OH 44115**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

JOHN STANTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-6-02 813/258-1235

CR2E034 (9/01)