

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90054 050 \*\*\*150.00

**DOCUMENT #** G54476

**1. Entity Name**  
Visiting Home Health Services, Inc.

**Principal Place of Business**

3570 Keith Street, NW  
Cleveland, TN 37312

**Mailing Address**

3570 Keith Street, NW  
Cleveland, TN 37312

**2. Principal Place of Business**

Suite, Apt. #, etc.

**City & State**

**Zip**

**Country**

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**Zip**

**Country**

**4. FEI Number**

59-2338099

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

770551

**6. Name and Address of Current Registered Agent**

CT 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.**

**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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	Preston, Forrest L	3570 Keith Street, NW	Cleveland, TN 37312	<input type="checkbox"/>
D	Waddell, J. Michael	3570 Keith Street, NW	Cleveland, TN 37312	<input type="checkbox"/>
VPS	Clayton, Angelena Y	3570 Keith Street, NW	Cleveland, TN 37312	<input type="checkbox"/>
AS	Cross, Cindy S	3570 Keith Street, NW	Cleveland, TN 37312	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	AS	Thurmond, Joan E	3570 Keith Street, NW	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Cleveland, TN 37312			
				<input type="checkbox"/>	<input type="checkbox"/>

**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.**

Visiting Home Health Services, Inc.

By:

Joan E. Thurmond, Assistant Secretary

May 1, 2001

(423) 473-5868

Date

Daytime Phone #

CR2E034 (11/00)