

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State
 05-23-2000 90191 043 ***150.00

DOCUMENT # **G** 89315

1. Entity Name
TRADITIONAL HOME Health of Palm Beach, Inc

Principal Place of Business Mailing Address
4175 S. Congress Avenue **C/O MARY JO HARITON**
Lake Worth, FL 33460 **3250 N. ANDREWS AVE EXT**
POMPANO BEACH FL 33064-2116
US

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 **59-2389118** Added For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HARITON, MARY J
3250 N. ANDREWS AVENUE
POMPANO BEACH FL 33064

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. (See criteria on back.)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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		<input type="checkbox"/> Delete
TITLE	P	<input type="checkbox"/> Delete
NAME	YOUNG, RON	
STREET ADDRESS	171 MONROE LANE	
CITY-STATE-ZIP	LEXINGTON SC	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	KEIM, JOHN	
STREET ADDRESS	171 MONROE LANE	
CITY-STATE-ZIP	LEXINGTON SC	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARDMAN, JIM	
STREET ADDRESS	171 MONROE LANE	
CITY-STATE-ZIP	LEXINGTON SC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (11)		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3), Florida Statutes, I further certify that the information 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, trustee, or 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 in an attachment thereto, as required by Chapter 607, Florida Statutes.

SIGNATURE: *Ronnie L Young* **4/24/00** **954 973 9400**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR