

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H33331

1. Entity Name

HOME HEALTH CARE SERVICES, INC.

Principal Place of Business

633 E. COLONIAL DRIVE
ORLANDO FL 32803

Mailing Address

633 E. COLONIAL DRIVE
ORLANDO FL 32803-4602

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PEARLMAN, CRAIG S. ESQUIRE
940 HIGHLAND AVE
ORLANDO FL 32803

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ADAMS, N. LOIS 633 E COLONIAL DR ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURRAY, LOUIS C. 633 E COLONIAL DR ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GOLDBERG, MERYL 633 E. COLONIAL DS. ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BISZILL, MERYL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Meryl Goldberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Aug 15, 2000 8:00 am
Secretary of State

07-07-2000 90396 032 ***150.00

08-15-2000 90018 033 ***400.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2603012

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required



Quality Care at
Home

HHCS HEALTH GROUP

633 East Colonial Dr. • Orlando, FL 32803
(407) 898-1947 • 1-800-741-4427 • FAX (407) 898-2903
<http://www.hhcs.com>

Attachment
D# H33331
60104519

081400

June 28, 2000

Department of Corporations
State of Florida
Po Box 1500
Tallahassee, FL 32302-1500

Re: Home Health Care Services Inc.; Late Filing

Dear Sirs:

The Uniform Business Report for the above cited corporation was mislaid, and, until today, could not be located to issue payment.

We regret the inconvenience, and render payment in the amount of \$150.00. If you require further response, please call.

Very truly yours,

HHCS HEALTH GROUP
Home Health Care Services, Inc.

Meryl Biszick, BA, CPHM
Director, Administrative Services

encl.