

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 91134 042 ***150.00

03737

DOCUMENT # H58356**1. Entity Name****HOSPITALS' HOME HEALTH CARE OF HILLSBOROUGH COUN****Principal Place of Business**8020 WOODLAND CNTR BLVD
TAMPA FL 33614**Mailing Address**11175 STARKEY RD
LARGO FL 33773
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 59-2536879

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**MALLAH, ISAAC
3003 W. MARTIN L. KING JR. BLVD
TAMPA FL 33607**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
D
CROCKETT, D W JR
11175 STARKEY RD
LARGO FL 33773 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
MALLAH, ISAAC
3003 MLK JR. BLVD
TAMPA FL ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
D
INZINA, T
3003 W DR MLK JR BLVD
TAMPA FL 33607 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
16331 Bay Vista Drive
Clearwater, FL 33760**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 727-394-6453

Date

Daytime Phone #

CR2E034 (10/00)