

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J05424

1. Entity Name

FIRST COAST HOME HEALTH CARE, INC.

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90207 018 ***150.00

Principal Place of Business

300 HEALTH PARK BLVD 108
ST. AUGUSTINE FL 32086

Mailing Address

300 HEALTH PARK BLVD 108
ST. AUGUSTINE FL 32086

2. Principal Place of Business

301 Health Park Blvd

Suite, Apt. #, etc.

Suite 1002

City & State

Zip

Country

3. Mailing Address

301 Health Park Blvd

Suite, Apt. #, etc.

SUITE 1002

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2662020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCLEAN, DANIEL
300 HEALTH PARK BLVD, STE 1002
STE 1002
ST. AUGUSTINE FL 32086

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 P ☐ Delete

NAME MCLEAN, DANIEL
STREET ADDRESS 300 HEALTH PARK BLVD, STE 1002
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE ST ☐ Delete

NAME MCLEAN, CYNTHIA
STREET ADDRESS 300 HEALTH PARK BLVD, STE 1002
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 300 Health Park Blvd, Suite 1002
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 300 Health Park Blvd, Suite 1002
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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:

Cynthia McLean
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01

Date

904-824-4556

Daytime Phone #

CR2E034 (10/00)

0004277