

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90031 001 \*\*\*450.00

**DOCUMENT # K17442**  
 1. Entity Name  
**ALIMED HOME HEALTH, INC.**

Principal Place of Business      Mailing Address  
**3601 W. COMMERCIAL BLVD.**      **3601 W. COMMERCIAL BLVD.**  
**STE 7**      **STE 7**  
**FT LAUDERDALE FL 33309**      **FT LAUDERDALE FL 33309-3320**  
**US**      **US**

**1028 NE 45<sup>th</sup> Street**  
**Oakland Park, FL 3**

2. Principal Place of Business      3. Mailing Address  
**1028 NE 45<sup>th</sup> St**      **1028 NE 45<sup>th</sup> St**  
 Suite/Apt. #, etc.      Suite, Apt. #, etc.  
**Oakland Park, FL**      **Oakland Park, FL**  
 City & State      City & State  
 Zip      Country      Zip      Country  
**33334**      **Broward**      **33334**      **Broward**



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**65-0416265**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CAVALIERE, SUSAN**  
**2817 NE 37TH STREET**  
**FT LAUDERDALE FL 33308**

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 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>CAVALIERE, SUSAN</b> <b>2817 NE 37TH STREET</b> <b>FT LAUDERDALE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAVALIERE, SUSAN</b> <b>2817 NE 37TH STREET</b> <b>FT LAUDERDALE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Susan Cavaliere*      Date: 4/10/2000      Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)