

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K95096

1. Entity Name

IHS HOME CARE SERVICES OF NAPLES, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90057 018 ***150.00

Principal Place of Business

Mailing Address

2650 N. MILITARY TRAIL
SUITE 240
BOCA RATON FL 33431
US

2714 UNION AVE. EXT.D.
MEMPHIS TN 38112
US

2. Principal Place of Business

2714 Union Avenue Extd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Memphis, TN

City & State

4. FEI Number 59-2439008

Applied For

Not Applicable

Zip
38112

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ELKINS, ROBERT N 10065 RED RUN BLVD OWINGS MILLS MD 21117 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LEVIN, MARC B 10065 RED RUN BLVD OWINGS MILL MD 21117 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BENNETT, BRADLEY 10065 RED RUN BLVD OWINGS MILLS MD 21117 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCEO WINTERS, STEPHEN H 2714 UNION AVE. EXT.D. MEMPHIS TN 38112 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KOCH, JOHN R 2714 UNION AVE. EXT.D. MEMPHIS TN 38112 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BOLING, MICHAEL J 2714 UNION AVE. EXT.D. MEMPHIS TN 38112 | <input checked="" type="checkbox"/> Delete |

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Paul S. Winters 2714 Union Avenue Extd. Memphis, TN 38112 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D Stephen H. Winters 2714 Union Avenue Extd. Memphis, TN 38112 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Assistant Secretary Linda M. Hooper 2714 Union Avenue Extd. Memphis, TN 38112 | <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 |
| 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:

Paul S. Winters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul S. Winters, Secretary 3/29/0

Date 901-454-2484

CR2E034 (9/99)