

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # L33149**1. Entity Name
CONSOLIDATED/PAVILION HOME HEALTHCARE, INC.

Principal Place of Business C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD., SUITE 1700 JACKSONVILLE 32207 US	Mailing Address C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD., SUITE 1700 JACKSONVILLE 32207 US
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2. Principal Place of Business C/O HARVEY GRANGER Suite, Apt. #, etc. 1325 SAN MARCO BLVD., SUITE 902	3. Mailing Address C/O HARVEY GRANGER Suite, Apt. #, etc. 1325 SAN MARCO BLVD., SUITE 902
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City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32207	Country US

4. FEI Number 59-2988374	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRANGER HARVEY
GENERAL COUNSEL
1301 RIVERPLACE BLVD., SUITE 1700
JACKSONVILLE
32202 US

7. Name and Address of New Registered Agent

Name
GRANGER HARVEY
Street Address (P.O. Box Number is Not Acceptable)
1325 SAN MARCO BLVD.
SUITE 902
City JACKSONVILLE FL Zip Code 32207

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 **HARVEY GRANGER****04/25/2001**

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 State10. 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 S NAME JACKSON, REBECCA B. STREET ADDRESS 1301 RIVERPLACE BLVD., SUITE 1700 CITY-ST-ZIP JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE T NAME PERRY, LINDA STREET ADDRESS 1325 SAN MARCO BLVD. SUITE 901 CITY-ST-ZIP JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE D NAME BURGHARDT JOSEPH P. STREET ADDRESS 836 PRUDENTIAL DR. CITY-ST-ZIP JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE D NAME JOHNSON, CAROLYN STREET ADDRESS 800 PRUDENTIAL DR. CITY-ST-ZIP JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE DV NAME THOMPSON, CAROL C. STREET ADDRESS 1301 RIVERPLACE BLVD., SUITE 1700 CITY-ST-ZIP JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE DP NAME PARRETT, DONALD O. STREET ADDRESS 1325 SAN MARCO BLVD. SUITE 901 CITY-ST-ZIP JACKSONVILLE FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME JACKSON REBECCA B STREET ADDRESS 1325 SAN MARCO BLVD., SUITE 902 CITY-ST-ZIP JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME DURKIN CHRISTOPHER STREET ADDRESS 1325 SAN MARCO BLVD., SUITE 902 CITY-ST-ZIP JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BURGHARDT JOSEPH P STREET ADDRESS 1325 SAN MARCO BLVD., SUITE 902 CITY-ST-ZIP JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DV NAME THOMPSON CAROL C STREET ADDRESS 1325 SAN MARCO BLVD., SUITE 902 CITY-ST-ZIP JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DP NAME PARRETT DONALD O STREET ADDRESS 1325 SAN MARCO BLVD. SUITE 902 CITY-ST-ZIP JACKSONVILLE FL 32207	<input checked="" 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: REBECCA B. JACKSON**S****04/25/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)