

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98394

1. Entity Name

WESTERN NORTH CAROLINA HOME HEALTHCARE, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90065 028 \*\*\*150.00

Principal Place of Business

Mailing Address

4506 L.B. MCLEOD RD., SUITE F  
P.O. BOX 53-6576  
ORLANDO FL 32811-6576

4506 L.B. MCLEOD RD., SUITE F  
P.O. BOX 53-6576  
ORLANDO FL 32811-5668

AU029173



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3032075

Applied For

Not Applicable

Zip

Country

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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 DP  
NAME GRIGGS, STEPHEN P  
STREET ADDRESS 4506 L.B. MCLEOD RD., #F  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Orlando, FL 32811

TITLE VP  
NAME ZIOMEK, JANET L  
STREET ADDRESS 4506 L.B. MCLEOD RD., SUITE F  
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME NOVELL, N. SCOTT  
STREET ADDRESS 4506 L.B. MCLEOD RD., SUITE F  
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME LEVIN, MARC  
STREET ADDRESS 10065 RED RUN BLVD.  
CITY-ST-ZIP OWINGS MILLS MD 21117 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 910 Ridgebrook Road  
CITY-ST-ZIP Sparks, MD 21152

TITLE D  
NAME ELKINS, MARSHALL  
STREET ADDRESS 10065 RED RUN BLVD.  
CITY-ST-ZIP OWINGS MILLS MD 21117 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 910 Ridgebrook Road  
CITY-ST-ZIP Sparks, MD 21152

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)