

2001 UNIFORM BUSINESS REPORT (UBR)

142

DOCUMENT # M00333

1. Entity Name

HOME HEALTH AGENCY OF GREATER MIAMI, INC.

FILED

01 JAN 16 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

8405 N.W. 53RD ST., A200-
MIAMI FL 33166

3000 GALLERIA TOWER, STE 1000
BIRMINGHAM AL 35244
US

2. Principal Place of Business

3. Mailing Address

3000 Galleria Tower, Ste 1000

Suite, Apt. #, etc.

City & State

City & State

Birmingham, AL

Zip

Country

Zip

Country

35244

US

4. FEI Number 59-2485762

Applied For
Not Applicable

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DICKERSON, JAMES H JR.
STREET ADDRESS 3000 GALLERIA TOWER, SUITE 1000
CITY-ST-ZIP BIRMINGHAM AL 32544 ☐ Delete

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

TITLE VPSD
NAME FINLEY, SARA J
STREET ADDRESS 3000 GALLERIA TOWER, STE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244 ☐ Delete

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

TITLE TD
NAME KIZER, LEISA
STREET ADDRESS 3000 GALLERIA TOWER, STE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01

Date

(205) 733-8996

Daytime Phone #

CR2E034 (10/00)

800003539398

SP



292

ACCOUNT NO. : 072100000032

REFERENCE : 965856 4390339

AUTHORIZATION :

Patricia Pignatelli

COST LIMIT : \$ 150.00

ORDER DATE : January 16, 2001

ORDER TIME : 12:31 PM

ORDER NO. : 965856-020

CUSTOMER NO: 4390339

CUSTOMER: Ms. Susan Lester
Caremark Rx, Inc.
3000 Galleria Tower
Suite 1000
Birmingham, AL 35244

ANNUAL REPORT FILING

NAME: HOME HEALTH AGENCY OF
GREATER MIAMI, INC.

RECEIVED
01 JAN 16 PM 1:42
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS: _____