

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Home Health Agency of Greater Miami, Inc.
1. Entity Name

m00333

FILED

02 APR 18 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3000 Galleria Tower		3. Mailing Address 3000 Galleria Tower	
Suite, Apt. #, etc. Suite 1000		Suite, Apt. #, etc. Suite 1000	
City & State Birmingham, AL		City & State Birmingham, AL	
Zip 35244	Country USA	Zip 35244	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2485762	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Corporation Service Company	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
City Tallahassee	FL Zip Code 32301

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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME	PD James H. Dickerson, Jr. 2211 Sanders Rd. Northbrook, IL 60062	TITLE NAME	000005292950
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	VPSD Sara J. Finley 3000 Galleria Tower, Suite 1000 Birmingham, AL 35244	TITLE NAME	DO NOT WRITE IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	T Connie M. Isley 2211 Sanders Rd. Northbrook, IL 60062	TITLE NAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS CITY-ST-ZIP		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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Sara J. Finley* VP & Secretary 4/15/02 (205) 733-8996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (02/01)

BB



ACCOUNT NO. : 072100000032
 REFERENCE : 534857 4390339
 AUTHORIZATION : *Patricia Pizuto*
 COST LIMIT : \$ 150.00

ORDER DATE : April 18, 2002
 ORDER TIME : 11:08 AM
 ORDER NO. : 534857-005
 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.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#1114

EXAMINER'S INITIALS: _____

RECEIVED
 02 APR 18 PM 12:05
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA