

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

m00333

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

4. FEI Number
59-2485762

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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) ☐

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. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME James H. Dickerson, Jr.
STREET ADDRESS 2211 Sanders Rd.
CITY- ST- ZIP Northbrook, IL 60062

TITLE VPSD
NAME Sara J. Finley
STREET ADDRESS 3000 Galleria Tower, Suite 1000
CITY- ST- ZIP Birmingham, AL 35244

TITLE T
NAME Connie M. Isley
STREET ADDRESS 2211 Sanders Rd.
CITY- ST- ZIP Northbrook, IL 60062

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000005292950

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *James H. Dickerson, Jr.*

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)



ACCOUNT NO. : 072100000032

REFERENCE : 534857 4390339

AUTHORIZATION :

Patricia Pigato

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