

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90115 039 \*\*\*\*61.25

DOCUMENT # N00000003724

1. Entity Name

Family Service Home Health, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2960 Roosevelt Blvd

Suite, Apt. #, etc.

3. Mailing Address

2960 Roosevelt Blvd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Clearwater, Florida

City & State

Clearwater, Florida

4. FEI Number

593651125

Applied For

Not Applicable

Zip

33760

Country

USA

Zip

33760

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name: **Stephanie W. Judd**

Street Address (P.O. Box Number is Not Acceptable)

2960 Roosevelt Blvd

City **Clearwater**

**FL**

Zip Code  
**33760**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Stephanie W. Judd, President/CEO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-11-03

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	Marcia Albanese
STREET ADDRESS	Post Office Box 210
CITY-ST-ZIP	Clearwater FL 33757
TITLE	D/ST
NAME	Betty Hayward
STREET ADDRESS	5234 Dr. M L King Street South
CITY-ST-ZIP	St. Petersburg FL 33705
TITLE	D
NAME	Joseph C. Skalski
STREET ADDRESS	Post Office Box 17799
CITY-ST-ZIP	Clearwater FL 33762
TITLE	D
NAME	David Kirk
STREET ADDRESS	2960 Roosevelt Blvd.
CITY-ST-ZIP	Clearwater, FL 33760
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Marcia Albanese Marcia Albanese

April 3, 2003 727/462-7717

CR2E037B (12/02)