

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90169 005 ****70.00

DOCUMENT # N00000006401

1. Entity Name
NATIONAL HOME HEALTH NURSES, INC.



Principal Place of Business
**1800 WEST 49TH STREET #215
HIALEAH FL 33012**

Mailing Address
**1800 WEST 49TH STREET #215
HIALEAH FL 33012**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1800 'W' 49TH STREET

3. Mailing Address
1800 'W' 49TH ST.

Suite, Apt. #, etc.
STE 321

Suite, Apt. #, etc.
STE 321

City & State
HIALEAH, FL.

City & State
HIALEAH, FL.

4. FEI Number **65-1027538**
65-1140898

Applied For
☐ Not Applicable

Zip
33012

Country
DADE

Zip
33012

Country
DADE

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

DAVIS, JOYCE
1800 WEST 49TH STREET
SUITE 215
HIALEAH FL 33012

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

1800 'W' 49TH STREET STE 321
City **HIALEAH** FL Zip Code **33012**

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 the registered agent.

SIGNATURE *Lynette Inniss*

3-9-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **ABELAND, MARGARETTE**
STREET ADDRESS **6744 PANSY DRIVE**
CITY-ST-ZIP **MIRAMAR FL 33023**

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

TITLE **D** ☐ Delete
NAME **INNIS, LYNETTE**
STREET ADDRESS **7041 SUNSET STRIP**
CITY-ST-ZIP **SUNRISE FL 33331**

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

TITLE **D** ☐ Delete
NAME **DAVIS, JOYCE**
STREET ADDRESS **1800 WEST 49TH STREET #215**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **D** ☒ Change ☐ Addition
NAME **MARLENE JOSEPH**
STREET ADDRESS **1800 'W' 49TH STREET**
CITY-ST-ZIP **SUITE 321, FL. 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lynette Inniss*

LYNETTE INNIS

3-9-03

305 558-1730

CR2E037 (10/02)