

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90706 048 ****61.25

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DOCUMENT # N01000007167
 1. Entity Name
HEALTH MINISTRIES AND PARISH NURSING OF SOUTH FLORIDA, INC.

Principal Place of Business 7070 IMMOKALEE ROAD NAPLES FL 34119	Mailing Address 7070 IMMOKALEE ROAD NAPLES FL 34119
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 04-3598597	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GAMEL, BETTY L
1280 22ND AVE NORTH
NAPLES FL 34103

7. Name and Address of New Registered Agent
 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 _____ (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 Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GAMEL, BETTY L 1280 22ND AVE NORTH NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OSSORIO, BARBARA H 5070 4TH AVE SOUTHWEST NAPLES FL 34117	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BIXBY, BARBARA A 3078 50TH LANE SOUTHWEST NAPLES FL 34116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MYRICK, BARBARA B 9650 VICTORIA LANE NAPLES FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Betty L Gamel
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1, 2002 Date (239) 262-7306 Daytime Phone #

CR2E037 (9/01)