2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 08:00 AM
Secretary of State

DOCUMENT # N22334

1. Entity Name
HALIFAX HOME HEALTH, INC.

Principal Place of Business	Mailing Address
303 NORTH CLYDE MORRIS BLVD. ATTEN: GENERAL COUNSEL DAYTONA BEACH FL 32114 US	303 NORTH CLYDE MORRIS BLVD. ATTEN: GENERAL COUNSEL DAYTONA BEACH FL 32114 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
303 NORTH CLYDE MORRIS BLVD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAYTONA BEACH FL	City & State
Zip: 32114 / Country: US	Zip / Country

4. FEI Number: 59-2434422 ☐ Applied For ☐ Not Applicable

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
DAVIDSON, DAVID J. 303 NORTH CLYDE MORRIS BLVD. ATTN: GENERAL COUNSEL DAYTONA BEACH FL 32114 US	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 _____ 03/07/2000
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE	D		TITLE	D	
NAME	REAMES BERT L		NAME	REAMES BERT L	
STREET ADDRESS	183 WINDWARD CIRCLE		STREET ADDRESS	183 WINDWARD CIRCLE	
CITY-ST-ZIP	ORMOND BEACH FL		CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	DST	☐ Delete	TITLE	DST	☒ Change ☐ Addition
NAME	HEVERIN, EDWARD J		NAME	HEVERIN EDWARD J	
STREET ADDRESS	2 WINDSOR DR		STREET ADDRESS	2 WINDSOR DR	
CITY-ST-ZIP	ORMOND BCH. FL		CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VD	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	FAVIS, GREGORY		NAME	FAVIS GREGORY M.D.	
STREET ADDRESS	173 UNIVERSITY CIRCLE		STREET ADDRESS	173 UNIVERSITY CIRCLE	
CITY-ST-ZIP	ORMOND BCH FL		CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	DC	☐ Delete	TITLE	DC	☒ Change ☐ Addition
NAME	COVINGTON SYLVESTER		NAME	COVINGTON SYLVESTER	
STREET ADDRESS	633 MADISON AVE		STREET ADDRESS	663 MADISON AVE	
CITY-ST-ZIP	DAYTONA BEACH FL		CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	WILSON, TYREE F, JR		NAME	WILSON TYREE FJR.	
STREET ADDRESS	7 CIRCLE OAKS TRAIL		STREET ADDRESS	7 CIRCLE OAKS TRAIL	
CITY-ST-ZIP	ORMOND BCH FL		CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	P	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	TROVATO ANTHONY		NAME	TROVATO ANTHONY	
STREET ADDRESS	3800 WOOD BRIAR TRAIL		STREET ADDRESS	3800 WOODBRIAR TRAIL	
CITY-ST-ZIP	PORT ORANGE FL		CITY-ST-ZIP	PORT ORANGE FL 32119	

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.