

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90013 013 \*\*\*\*61.25

0025026

**DOCUMENT # N39767**

1. Entity Name

**SUNBELT HOME HEALTH CARE, INC.**

Principal Place of Business

**111 NORTH ORLANDO AVE.  
WINTER PARK FL 32789-3675  
US**

Mailing Address

**111 NORTH ORLANDO AVE.  
WINTER PARK FL 32789-3675  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0211400**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****TRIMBLE, TAMARA L.  
111 NORTH ORLANDO AVENUE  
WINTER PARK FL 32789****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

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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	BLOM, LADONNA	
STREET ADDRESS	1600 TAMiami TR 4 TH FL	
CITY-ST-ZIP	PT CHARLOTTE FL 33948	

TITLE	STD	<input type="checkbox"/> Delete
NAME	DAVIS, GREGG	
STREET ADDRESS	6501 DEANE HILL DRIVE	
CITY-ST-ZIP	KNOXVILLE TN 37919	

TITLE	AS	<input type="checkbox"/> Delete
NAME	SKILTON, GARY	
STREET ADDRESS	111 NORTH ORLANDO AVENUE	
CITY-ST-ZIP	WINTER PARK FL	

TITLE	AS	<input type="checkbox"/> Delete
NAME	BLOCK, L. M	
STREET ADDRESS	111 NORTH ORLANDO AVENUE	
CITY-ST-ZIP	WINTER PARK FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	HENDERSCHIEDT, ROBERT	
STREET ADDRESS	111 NORTH ORLANDO AVENUE	
CITY-ST-ZIP	WINTER PARK FL 32789	

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

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

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32789	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32789	

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:****Mark Block**  
Signature and Typed or Printed Name of Signing Officer or Director

01/15/01

Date

(407) 975-1413

Daytime Phone #

CR2E037 (10/00)