

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005959

1. Entity Name

PERSONAL HOME HEALTH CARE, INC.

*Changed to Community Health Concerns, Inc.*

Principal Place of Business

Mailing Address

9507 SW 160 St.

Miami, FL 33157

2. Principal Place of Business

3. Mailing Address

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Miami, Florida*

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

*Dade*

Zip

*33157*

Country

*U.S.A.*

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

*Verna Wray*  
*9803 SW 191 St.*

*Miami FL 33357*

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

*Verna Wray* **VERNA WRAY**

*1-18-01*

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 *Leafoird Wray* ☐ Delete  
NAME  
STREET ADDRESS *9507 SW 160 St.*  
CITY-ST-ZIP *(President (CEO)) Director*

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

TITLE *Dr. Roberto Osborne* ☐ Delete  
NAME  
STREET ADDRESS *8740 N. Kendall, #209*  
CITY-ST-ZIP *(Chairman) Director*

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

TITLE *Angela Lewis* ☐ Delete  
NAME  
STREET ADDRESS *9803 SW 191 St.*  
CITY-ST-ZIP *Director (Vice Chairman)*

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

TITLE *Nanon Daley* ☐ Delete  
NAME  
STREET ADDRESS *19371 SW 119th St.*  
CITY-ST-ZIP *(Secretary)*

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 supplement 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/19/01* *(205) 232-7557*

Date

Daytime Phone #

FILED  
01 JAN 22 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)



Florida Department of State  
Katherine Harris  
Secretary of State Division of Corporations  
Attn: Tyron Scott

This letter is to request from your department reinstatement of Corporate Status to Personal Home Health Care Agency, Inc. (Non profit Corporation). At the annual 1999 date for reporting we received the forms for Personal Care Home Health Agency (for Profit Corporation). The same year we incorporating a second Agency but with a non-for-profit Status. Since we did not received report forms for the second Agency, we assumed that we did not need a report until the next year. As soon as I became aware of the dissolution of the second corporation I sent the report in but it was returned to me indicating that it was already in file. That is when I spoke to you and you advised me to explain the circumstances of the second Agency's dissolution and send to you the regular report and fee.

I thank you in advance for your consideration

Sincerely;

  
Verna Wray