

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000018820

FILED
Apr 30, 2003
Secretary of State

Entity Name: SUNDIAL HOME HEALTH OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

100 W GORE STREET
SUITE 202
ORLANDO, FL 32806

New Principal Place of Business:

100 W GORE STREET
SUITE 202
ORLANDO, FL 32806 US

Current Mailing Address:

100 W GORE STREET
SUITE 202
ORLANDO, FL 32806

New Mailing Address:

100 W GORE STREET
SUITE 202
ORLANDO, FL 32806 US

FEI Number: 59-3626138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE SE 3RD AVENUE 28TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KONIS, BARBARA
Address: 530 EAST CENTRAL BLVD #1501
City-St-Zip: ORLANDO, FL 32801

Title: V (X) Delete
Name: YARCKIN, ELLEN
Address: 928 LAKE MARION DR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KONITS, BARBARA L
Address: 530 EAST CENTRAL BLVD #1501
City-St-Zip: ORLANDO, FL 32801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA L. KONITS

PRES

04/30/2003

Electronic Signature of Signing Officer or Director

Date