

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jul 06, 2001 8:00 am
Secretary of State

05-11-2001 90448 025 ***150.00

DOCUMENT # P00000028116

1. Entity Name

JOSEPHINE QUALITY HOME HEALTH CARE INC.

Principal Place of Business

1501 FOREST HILL BLVD. STE. 103
 WEST PALM BEACH FL 33406

Mailing Address

1445 BRAMPTON COVE
 WELLINGTON FL 33414

2887 Lake Worth Rd
 Lake Worth FL 33461

2. Principal Place of Business

2887 Lake Worth Rd
 Suite, Apt. #, etc.

3. Mailing Address

1445 Brampton Cove
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lake Worth FL

City & State

Wellington FL

4. FEI Number

65-1036143

Applied For

Not Applicable

Zip

Country

33461 U.S.A.

Zip

Country

33414 U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOUGLAS, LILLIETH
 1445 BRAMPTON COVE
 WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Lillieth Douglas
 Street Address (P.O. Box Number is Not Acceptable)
 1445 B
 1445 BRAMPTON COVE
 City Wellington FL 33414

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

Lillieth A. Douglas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4.7.01

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Officer Administrator
 NAME Lillieth Douglas
 STREET ADDRESS 1445 BRAMPTON COVE
 CITY-ST-ZIP Wellington FL 33414

☐ Delete

TITLE
 NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lillieth A. Douglas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.7.01 561.753-8956

Date

Daytime Phone #

CR2E034 (10/00)