

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90210 042 \*\*\*150.00

**DOCUMENT # P00000056392**

1. Entity Name

**PEGASUS HOME HEALTH AGENCY INC.**

Principal Place of Business

Mailing Address

~~1205 SW 37TH AVENUE~~  
~~SUITE 100~~  
~~MIAMI FL 33135~~

~~1205 SW 37TH AVENUE~~  
~~SUITE 100~~  
~~MIAMI FL 33135~~

2. Principal Place of Business

**ONE WEST CAMINO REAL BLVD**  
 Suite, Apt. #, etc.  
**Suite 212**

3. Mailing Address

**1 WEST CAMINO REAL BLVD**  
 Suite, Apt. #, etc.  
**Suite 212**

City & State

**BOCA RATON FL 33**

City & State

**BOCA RATON FL**

Zip

**33432**

Country

**PalM Beach**

Zip

**33432**

Country

**PalM Beach**

4. FEI Number

**65-1021548**

Applied For

☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FERNANDEZ, EDDY F**  
**1205 SW 37TH AVENUE**  
**SUITE 100**  
**MIAMI FL 33135**

**ONE WEST CAMINO REAL BLVD**  
**Suite 212**  
**BOCA RATON FL 33432**

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

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 **D / Sec / Treas** ☐ Delete  
 NAME **FERNANDEZ, EDDY F**  
 STREET ADDRESS **1205 SW 37TH AVENUE SUITE 100**  
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE **PRESIDENT** ☐ Delete  
 NAME **CATHERINE SEPKO**  
 STREET ADDRESS **1479 SW 24 Terr**  
 CITY-ST-ZIP **DeerFIELD Beach FL 33442**

TITLE **J.P.** ☐ Delete  
 NAME **JAMES JOHNSON**  
 STREET ADDRESS **4200 N Ocean DR apt 301-1**  
 CITY-ST-ZIP **SmGeeR Island FL 33404**

TITLE **J.P.** ☐ Delete  
 NAME **GARY DELLERSON MD**  
 STREET ADDRESS **2402 Embassy DR**  
 CITY-ST-ZIP **West Palm Beach FL 33401**

TITLE **J.P.** ☐ Delete  
 NAME **Susan Perez**  
 STREET ADDRESS **5840 TOWN Bay DR apt 2-28**  
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Sec / Treas** ☒ Change ☐ Addition  
 NAME **Eddy F Fernandez**  
 STREET ADDRESS **6423 COLLINS Ave apt 1008**  
 CITY-ST-ZIP **MIAMI Beach FL 33141**

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

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

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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:

*Eddy Fernandez Sec / Treas*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/01

Date

861-368-5666

Daytime Phone #

0165701

CR2E034 (10/00)