

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000056392

FILED
Apr 29, 2003
Secretary of State

Entity Name: PEGASUS HOME HEALTH AGENCY INC.

Current Principal Place of Business:

ONE WEST CAMINO REAL BLVD
SUITE 212
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

ONE WEST CAMINO REAL BLVD
SUITE 212
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-1021548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, EDDY F
ONE WEST CAMINO REAL BLVD. SUITE 212
BOCA RATON, FL 33432

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: DST () Delete
Name: FERNANDEZ, EDDY F
Address: 1205 SW 37TH AVENUE SUITE 100
City-St-Zip: MIAMI, FL 33135

Title: P () Delete
Name: SEPKO, CATHERINE
Address: 1499 SW 24 TERR
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VP () Delete
Name: JOHNSON, JAMES
Address: 4200 N OCEAN DR APT 301-1
City-St-Zip: SINGER ISLAND, FL 33404

Title: VP () Delete
Name: DELLERSON, MD, GARY
Address: 2402 EMBASSY DR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP () Delete
Name: PEREZ, SUSAN
Address: 5840 TOWN BAY DR APT 2-28
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: VP (X) Change () Addition
Name: PEREZ, SUSAN
Address: 6423 COLLINS AVENUE #1008
City-St-Zip: MIAMI BEACH, FL 33141

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: EDDY F. FERNANDEZ

DST

04/29/2003

Electronic Signature of Signing Officer or Director

Date