2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000100050

1. Entity Name

DENBAR HOME HEALTH AGENCY INC.

Principal Place of Business 6272 MIRAMAR PKWY

Mailing Address

6272 MIRAMAR PKWY

	rent Registered Agent		7.
Country	Zip	Country	5.
	City & State		4
/	Suite, Apt, # e	љ А-	
iness PKW	Mailing Addres	SS	
	Country	Country Zip	Country Zip Country

FILED May 11, 2001 8:00 am Secretary of State

05-11-2001 90444 001 ***158.75

MIHAMAH FL 3	302 3		MIHAMAR FL 33023			;	THE BLUE BUILD BEING BANG ON THE COURSE OF THE STREET		1610 4 0 10 3 04 0	
2, Principal Place of Business 2, Principal Place of Business 3.			3. Mailing Address							
MSuife, Apt. #, etc. Suite, Apt. # efc.				DO NOT WRITE IN THIS SPACE						
City & Sta	te	City & State				4. FEI Number 65 / 05 / 592 Applied For Not Applicable				
330	Zio Country Zip C		Coun	try	5.	5. Certificate of Status Desired \$8.75 Addition Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
					Name					
	ND, HUDELL				Street Address (P.O. Box Number is Not Acceptable)					
) NW 82ND W				Silect Address (F.O. box Number is Not Acceptable)					
SUN	RISE FL 3332	2								
					City			Zip Cod		
	,	····			Oity		Pa F	Zip Cod	e	
8. The above	named entity s	ubmits this statement for t	ne purpose of changing	its registere	ed office or regist	tered ag	jent, or both, in the State of Florida.			
SIGNATURE .										
=	Signature, typed or p	printed name of registered agent and	title if applicable. (N	NOTE: Registered	d Agent signature requir	red when re	einstating) DATI			
9. This corpo	oration is eligible	e to satisfy its Intangible	FILE NO	W!!! FEE	IS \$150.00				_	
Tax filing i	requirement and	d elects to do so.			will be \$550.00)	10. Election Campaign Financing		0 May Be	
(See criteria on back) Make Check Payable		able to De	epartment of St	tate	Trust Fund Contribution.	□ Added	to Fees			
			12.		AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR!	S IN 11		
TITLE	S		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	BOYLEY, BA	irbara p		NAME	i					
STREET ADDRESS	3130 SW 64	_		STRE	ET ADDRESS					
CITY-ST-ZIP	MIRAMAR F	_ 33023		CITY-	ST-ZIP			-		
TITLE	D		☐ Delete	TITLE				Change	☐ Addition	
NAME	JACOBS, CA			NAME						
STREET ADDRESS	3475 NW 18				ET ADDRESS		•			
CITY-ST-ZIP	MIAMI FL 33	8056		CITY-	ST-ZIP					
TITLE			Delete	TITLE		_		Change	~ 🔲 Addition	
NAME STREET ADDRESS				NAME						
CITY-ST-ZIP					T ADDRESS ST-ZIP					
TITLE NAME			☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP					ST-ZIP					
TITLE			☐ Delete	TITLE				Change	☐ Addition	
NAME			L_ Delete	NAME				☐ Change	☐ Addition	
STREET ADDRESS					T ADDRESS		t			
CITY-ST-ZIP				CITY-	\$T-ZIP				1	
TITLE		-	☐ Delete	TITLE			*****	☐ Change	Addition	
NAME				NAME						
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP				CITY-	ST-ZIP				ĺ	
13. I hereby c	ertify that the in	formation supplied with thi	s filing does not qualify	for the even	antion stated in S	Cootion 1	10.07(2)(i) Florido Statutas I funta -		f	

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:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR