

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

0509983
 AV

DOCUMENT # P01000018320

1. Entity Name
PINARD HOME HEALTH SERVICES, INC.

01-30-2002 90133 040 ***150.00

Principal Place of Business Mailing Address
10846 SE 72 TERR **10846 SE 72 TERR**
BELLEVUE FL 34420 **BELLEVUE FL 34420**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4849 SE 110th ST. **P.O. Box 2811**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
BELLEVUE, FL **BELLEVUE, FL** **59-3712361** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PINARD, ROBERT G 10846 SE 72 TERR BELLEVUE FL 34420		Name: ROBERT G. PINARD Street Address (P.O. Box Number is Not Acceptable): 9613 SE 124th LOOP City: SUMMERFIELD FL Zip Code: 34491	

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 ROBERT G. PINARD DATE 1-15-02
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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINARD, ROBERT G	NAME	ROBERT G. PINARD
STREET ADDRESS	10846 SE 72 TERR	STREET ADDRESS	9613 SE 124th LOOP
CITY-ST-ZIP	BELLEVUE FL 34420	CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINARD, EILEEN	NAME	EILEEN PINARD
STREET ADDRESS	10846 SE 72 TERR	STREET ADDRESS	9613 SE 124th LOOP
CITY-ST-ZIP	BELLEVUE FL 34420	CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Eileen Pinard DATE: 1/15/02 DAYTIME PHONE: 352-347-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)