

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90249 027 ***150.00

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1. Entity Name

HOME HEALTH AGENCY-BROWARD, INC.



Principal Place of Business

9143 PHILLIPS HWY
SUITE 570
JACKSONVILLE FL 32256

Mailing Address

9143 PHILLIPS HWY.
SUITE 570
JACKSONVILLE FL 32256

2. Principal Place of Business

8551 W. Sunrise Blvd

Suite, Apt. #, etc.

Suite 304

City & State

Plantation FL

Zip

33322

Country

USA

3. Mailing Address

8551 W. Sunrise Blvd

Suite, Apt. #, etc.

Suite 304

City & State

Plantation FL

Zip

33322

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0713878 69-0008882

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED

1000 WEST AVENUE SUITE 1114

MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

American Information Services, Inc

Street Address (P.O. Box Number is Not Acceptable)

C/O Aikerman Senterfitt

350 E. Las Dias Blvd, Suite 16th Floor

City

Ft. Lauderdale

FL

Zip Code

33301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS CLARK, TRACY
CITY-ST-ZIP 13968 PADDOCK DRIVE
WELLINGTON FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME P
STREET ADDRESS Beena Nagpal
CITY-ST-ZIP 8551 W. Sunrise Blvd #304
Plantation FL 33322

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Beena Nagpal (BEENA NAGPAL)

4/07/03

954-474-0304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)