

2002 UNIFORM BUSINESS REPORT (UBR)

0106699 AV

DOCUMENT # P01000111373

1. Entity Name
HOME HEALTH AGENCY-HERNANDO, INC.

FILED

02 OCT -8 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2530 GARY CIRCLE STE 802
DUNEDIN FL 34698

Mailing Address

2530 GARY CIRCLE STE 802
DUNEDIN FL 34698

2. Principal Place of Business

3. Mailing Address

5429 Commercial Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Spring Hill, Florida

4. FEI Number

59-3757326

Applied For

Not Applicable

Zip

Country

Zip

Country

34606

Hernando

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

BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE SUITE 1114
MIAMI BEACH FL 33139

Name

David DeGrella

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

2530 Gary Circle # 802

City

Dunedin

FL

Zip Code

34698

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
NAME NAGPAL, BEENA
STREET ADDRESS 9143 PHILLIPS HWY STE 570
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Change ☐ Addition
NAME 600008327866
STREET ADDRESS -10/11/02--01022--020
CITY-ST-ZIP *****550.00 *****550.00

TITLE D ☐ Delete
NAME NAGPAL, NARESH
STREET ADDRESS 9143 PHILLIPS HWY STE 570
CITY-ST-ZIP JACKSONVILLE FL 32256

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

TITLE D ☐ Delete
NAME DECAMELLA, DAVID
STREET ADDRESS 2530 GARY CIRCLE STE 802
CITY-ST-ZIP DUNEDIN FL 34698

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/02

Daytime Phone #

CR2E034 (4/02)