

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000111376

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

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3757322

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: David DeCarnetta
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.

SIGNATURE: David DeCarnetta

(NOTE: Registered Agents must sign when registering)

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

TITLE: D
NAME: NAPGAL, BEENA
STREET ADDRESS: 2530 GARY CIRCLE STE 802
CITY-ST-ZIP: DUNEDIN FL 34698

TITLE: D
NAME: NAPGAL, NARESH
STREET ADDRESS: 2530 GARY CIRCLE STE 802
CITY-ST-ZIP: DUNEDIN FL 34698

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

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
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TITLE:
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 like empowered.

SIGNATURE: Beena Nagpal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

Daytime Phone #

FILED
Jun 20, 2002 8:00 am
Secretary of State

05-23-2002 90076 003 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)