

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-16-2003 90229 006 ***150.00

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
4232 Northern Pike

3. Mailing Address
4232 Northern Pike

Suite, Apt. #, etc.
303

Suite, Apt. #, etc.
303

City & State
Monroeville PA

City & State
Monroeville PA

Zip
15146

Country
USA

Zip
15146

Country
USA

4. FEI Number **59-3757322**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

DECAMETIA, DAVID
2530 GARY CIRCLE #802
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name
American Information Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
c/o Alerman Sender Fitt
350 E. Las Olas Blvd, 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 *Amy Le Grand* **Amy Le Grand**
Signature, typed or printed name of registered agent and title if applicable. **Assistant Secretary**
(NOTE: Registered Agent signature required when reinstating) **4/14/03**
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	D	<input type="checkbox"/> Delete
NAME	NAPGAL, BEENA	
STREET ADDRESS	2530 GARY CIRCLE STE 802	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NAPGAL, NARESH	
STREET ADDRESS	2530 GARY CIRCLE STE 802	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DECAMELLA, DAVID	
STREET ADDRESS	2530 GARY CIRCLE STE 802	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Napgal* **BEENA NAPGAL** **4/07/03** **954-474-0304**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)