

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-16-2003 90244 045 \*\*\*150.00

05050589 AV

**DOCUMENT # P01000111380**

**1. Entity Name**  
**HOME HEALTH AGENCY-ILLINOIS, INC.**



**Principal Place of Business**  
**2530 GARY CIRCLE SUITE 802**  
**DUNEDIN FL 34698**

**Mailing Address**  
**2530 GARY CIRCLE SUITE 802**  
**DUNEDIN FL 34698**

**2. Principal Place of Business**

**1444 N Farnsworth Ave**

**3. Mailing Address**

**1444 N Farnsworth Ave**

Suite, Apt. #, etc.

**302**

Suite, Apt. #, etc.

**Suite 302**

City & State

**Aurora IL**

City & State

**Aurora IL**

Zip

**60505**

Country

**USA**

Zip

**60505**

Country

**USA**

**4. FEI Number**

**59-3757324**

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**

**DECAMELLA, 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)**  
**110 Akerman Center 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**  
**Assistant Secretary**

**4/14/03**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **NAGPAL, BEENA**  
**STREET ADDRESS** **2530 GARY CIRCLE SUITE 802**  
**CITY-ST-ZIP** **DUNEDIN FL 34698**

**TITLE** **D** ☒ Change ☐ Addition  
**NAME** **Nagpal, Beena**  
**STREET ADDRESS** **8551 W. Sunrise Blvd, Suite 304**  
**CITY-ST-ZIP** **Plantation FL 33322**

**TITLE** **D** ☒ Delete  
**NAME** **NAGPAL, NARESH**  
**STREET ADDRESS** **2530 GARY CIRCLE SUITE 802**  
**CITY-ST-ZIP** **DUNEDIN FL 34698**

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

**TITLE** **D** ☒ Delete  
**NAME** **DECAMELLA, DAVID**  
**STREET ADDRESS** **2530 GARY CIRCLE SUITE 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  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**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)