

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-22-2002 90095 045 ***150.00
 06-19-2002 90461 008 ***150.00

DOCUMENT # P01000111385

1. Entity Name

HOME HEALTH AGENCY-HILLSBOROUGH, 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

9143 Phillips Hwy

3. Mailing Address

9143 Phillips Hwy

Suite, Apt. #, etc.

Suite 570

Suite, Apt. #, etc.

Suite 570

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32256

Country

USA

Zip

32256

Country

USA

4. FEI Number

59-3757325

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



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 DeCamelella**

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

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 \$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** ☐ Delete
 NAME **NAGPAL, BEENA**
 STREET ADDRESS **9143 PHILLIPS HWY STE 570**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

Daytime Phone #

CR2E034 (9/01)