

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-16-2003 90249 028 ***150.00

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DOCUMENT # P01000111385

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



Principal Place of Business
**9143 PHILLIPS HWY
STE 570
JACKSONVILLE FL 32256**

Mailing Address
**9143 PHILLIPS HWY
STE 570
JACKSONVILLE FL 32256**



2. Principal Place of Business
8551 W. Sunrise Blvd
Suite, Apt. #, etc.
Suite 304

3. Mailing Address
8551 W. Sunrise Blvd
Suite, Apt. #, etc.
Suite 304

City & State
Plantation FL

City & State
Plantation FL

4. FEI Number
59-3757325

Applied For
☐ Not Applicable

Zip
33322

Country
USA

Zip
33322

Country
USA

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

6. Name and Address of Current Registered Agent

**DECAMELLA, DAVID
3530 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 Akerman Senterfitt
350 E. Las Olas Blvd, 8th 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
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NAGPAL, BEENA ☐ Delete
9143 PHILLIPS HWY STE 570
JACKSONVILLE FL 32256

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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DECAMELLA, DAVID
2530 GARY CIRCLE STE 802
DUNEDIN FL 34698

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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: **S Beena Nagpal** **BEENA NAGPAL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/07/03
Date

954-474-0304
Daytime Phone #

CR2E034 (10/02)