

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90167 007 \*\*\*150.00

DOCUMENT # **PO1000114174**  
1. Entity Name **MERCY HOME HEALTH CARE, INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business **602 Arbor Lake Lane**  
3. Mailing Address **602 Arbor Lake Lane**

Suite, Apt. #, etc.

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City & State **Tampa FL**

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Zip **33602** Country **USA**

Zip **3362** Country **USA**

4. FEI Number **N/A** ☒ Applied For  
☐ Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **CHUMA G. OSUJI**

Street Address (P.O. Box Number is Not Acceptable) **602 Arbor Lake Lane**

City **Tampa** **FL** Zip Code **33602**

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) ☒

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 **CHUMA G. OSUJI (Director)**  
NAME  
STREET ADDRESS **602 Arbor Lake Lane**  
CITY-ST-ZIP **Tampa FL 33602**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MICHAEL E. OSUJI (D**  
NAME  
STREET ADDRESS **602 Arbor Lake Lane**  
CITY-ST-ZIP **Tampa FL 33602**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/02**

**813 732 5505**

CR2E034B (12/01)