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Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90203 007 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000040270

1. Entity Name
NATIONAL HOME HEALTH ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7935 WOODVINE CIR TAMPA, FL 33615	7935 WOODVINE CIR TAMPA, FL 33615

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0669261 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VERDECIA, JOAQUIN L
7935 WOODVINE CIR
TAMPA, FL 33615

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______ 5/27/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS 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 VERDECIA, JOAQUIN L 7935 WOODVINE CIR TAMPA, FL 33615	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: ______ 5/27/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #