

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91154 037 \*\*\*150.00

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| <b>DOCUMENT #</b> P02000104693                         |
| <b>1. Entity Name</b><br>CLT HOME HEALTH SERVICES, INC |

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**11040706**

|   |   |
|---|---|
| <b>2. Principal Place of Business</b><br>999 PONCE DE LEON BLVD<br>Suite, Apt. #, etc.<br>SUITE 601<br>City & State<br>CORAL GABLES, FL<br>Zip<br>33134 | <b>3. Mailing Address</b><br>999 PONCE DE LEON BLVD<br>Suite, Apt. #, etc.<br>SUITE 601<br>City & State<br>CORAL GABLES, FL<br>Zip<br>33134 |
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|  |   |
|--|---|
| <b>4. FEI Number</b><br>13-4214490   | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |

|                                   |  |  |
|-----------------------------------|--|--|
| <b>DO NOT WRITE IN THIS SPACE</b> | <b>7. Name and Address of Current Registered Agent</b>                       |  |
|                                   | Name<br>JOHNNY TSIMOGIANNIS  |  |
|                                   | Street Address (P.O. Box Number is Not Acceptable)<br>999 PONCE DE LEON BLVD |  |
|                                   | SUITE 601<br>City<br>CORAL GABLES FL Zip Code<br>33134                       |  |

**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**  **JOHNNY TSIMOGIANNIS** **4/28/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

| <b>10. OFFICERS AND DIRECTORS</b>                         |  |   |  |
|---|--|---|--|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PVSTD</b><br>OFELIA REY-TSIMOGIANNIS<br>999 PONCE DE LEON BLVD, STE 601<br>CORAL GABLES, FL 33134 | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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**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 in an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **OFELIA REY-TSIMOGIANNIS** **4/28/03** **(305) 442-1028**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #