

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90024 034 ***158.75

DOCUMENT # P03000082102

1. Entity Name

UNITY HOME HEALTH SERVICES, INC.



Principal Place of Business

1251 LARKIN RD
SPRING HILL FL 34608
US

Mailing Address

1251 LARKIN RD
SPRING HILL FL 34608
US

2. Principal Place of Business

10491 Heley Street

Suite, Apt. #, etc.

3. Mailing Address

10491 Heley Street

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Spring Hill, Florida

Zip
34608

Country
USA

City & State

Spring Hill, Florida

Zip
34608

Country
USA

4. FEI Number

20-0118878

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WAIBEL, JENNIFER
1251 LARKIN RD
SPRING HILL FL FL, U-S

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE	PRES	<input type="checkbox"/> Delete
NAME	WAIBEL, CHRISTINE K	
STREET ADDRESS	1155 OVERLAND DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WAIBEL, JENNIFER A	
STREET ADDRESS	1251 LARKIN RD	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	SECR	<input type="checkbox"/> Delete
NAME	WAIBEL, CHRISTINE K	
STREET ADDRESS	1155 OVERLAND DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	WAIBEL, JENNIFER A	
STREET ADDRESS	1251 LARKIN RD	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Jennifer A. Waibel Jennifer A. Waibel / 4/20/04 352-684-8852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #