

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90185 029 ***150.00

0393570 AV

DOCUMENT #	P93000008978
1. Entity Name	
CLEAR CHOICE HOME HEALTH, INC.	

Principal Place of Business	Mailing Address
7570 S. FEDERAL HWY.	7570 S. FEDERAL HWY.
SUITE #4	SUITE #4
LANTANA FL 33462-6060	LANTANA FL 33462-6060

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



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0381237	Applied For
		Not Applicable
5. Certificate of Status Desired		\$8.75. Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KAMAN, MARK F	Name
6677 BLUE BAY CIRCLE	Street Address (P.O. Box Number is Not Acceptable)
LAKE WORTH FL 33468	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.

SIGNATURE _____ (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)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	TITLE	Change
NAME	KAMAN, MARK F	NAME	Addition
STREET ADDRESS	6677 BLUE BAY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	CITY-ST-ZIP	
TITLE	VS	TITLE	Change
NAME	KAMAN, LYNETTE M.	NAME	Addition
STREET ADDRESS	6677 BLUE BAY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	CITY-ST-ZIP	
TITLE		TITLE	Change
NAME		NAME	Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change
NAME		NAME	Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change
NAME		NAME	Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark F. Kaman **03/26/02** **561-586-3441**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** **Date** **Daytime Phone #**

CR2E034 (9/01)