

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90182 036 ***158.75

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DOCUMENT # P93000050003

1. Entity Name
FLORIDA HOME HEALTH CARE, INC.



Principal Place of Business
126 BIRCHWOOD DR
PALM COAST FL 32137
US

Mailing Address
P O BOX 350215
PALM COAST FL 32135
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3232691**

Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FLANIGAN, RITA M
126 BIRCHWOOD DR
PALM COAST FL 32137

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE 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

TITLE	P	<input type="checkbox"/> Delete
NAME	FLANIGAN, RITA M	
STREET ADDRESS	126 BIRCHWOOD DRIVE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FLANIGAN, KEVIN P	
STREET ADDRESS	97 ZEPHYRLILY TRAIL	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FLANIGAN, NOREEN F	
STREET ADDRESS	755 ESPANOLA AVE., #49	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHEWNING, ERNEST E	
STREET ADDRESS	P.O. BOX 2833	
CITY-ST-ZIP	BUNNETH FL 32110	
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		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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: *Rita M. Flanigan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 (386)445-5116
Date Daytime Phone #

CR2E034 (10/02)