

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000010782**

1. Entity Name

SUNSHINE HOME HEALTH CARE, INC.**FILED**
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90028 023 ***150.00

Principal Place of Business

**4506 L.B. MCLEOD ROAD
SUITE F
ORLANDO FL 32811**

Mailing Address

**P.O. BOX 53-6576
ORLANDO FL 32853-6576**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3221497**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301****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.

SIGNATURE

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

(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, 2000 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**TITLE **DP** ☐ Delete
NAME **GRIGGS, STEPHEN P**
STREET ADDRESS **4506 L.B. MCLEOD ROAD, SUITE F**
CITY-ST-ZIP **ORLANDO FL**TITLE **VP** ☐ Delete
NAME **ZIOMEK, JANET L**
STREET ADDRESS **4506 L.B. MCLEOD RD., SUITE F**
CITY-ST-ZIP **ORLANDO FL 32811**TITLE **S** ☐ Delete
NAME **NOVELL, N. SCOTT**
STREET ADDRESS **4506 L.B. MCLEOD RD., SUITE F**
CITY-ST-ZIP **ORLANDO FL 32811**TITLE **D** ☐ Delete
NAME **LEVIN, MARC**
STREET ADDRESS **10065 RED RUN BLVD.**
CITY-ST-ZIP **OWINGS MILLS MD 21117**TITLE **D** ☐ Delete
NAME **ELKINS, MARSHALL**
STREET ADDRESS **10065 RED RUN BLVD.**
CITY-ST-ZIP **OWINGS MILLS MD 21117**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Orlando, FL 32811**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **910 Ridgebrook Road**
CITY-ST-ZIP **Sparks, MD 21152**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **910 Ridgebrook Road**
CITY-ST-ZIP **Sparks, MD 21152**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:**NOVELL, N. SCOTT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**N. Scott Novell 2/14/00 407-841-2115**
Date Daytime Phone #