

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000013837

1. Entity Name

PERSONAL CHOICE HOME HEALTH SERVICES, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90063 028 ***150.00

Principal Place of Business

Mailing Address

~~9944 FLORIDA BLVD~~
~~201~~
~~PALM BEACH GARDENS FL 33440~~
~~US~~

5365 W ATLANTIC AVENUE
#503
DELRAY BEACH FL 33484-8172
US

2. Principal Place of Business

2135 S. CONGRESS AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

West Palm Beach

33406

Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0470916

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

GUPTA, VIJAY KUMAR
5365 W ATLANTIC AVE
SUITE #503
DELRAY BEACH FL 33484

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME GUPTA, VIJAY K.
STREET ADDRESS 5365 W ATLANTIC AVE, STE #503
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CASSELLA, NICHOLAS
STREET ADDRESS 5365 W ATLANTIC AVE, STE #503
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PERRY, SUSAN
STREET ADDRESS 5365 W ATLANTIC AVE, STE #503
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME GUPTA, SANJAY
STREET ADDRESS 5365 W ATLANTIC AVE, STE #503
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/2000

Date

(561) 638-8450

Daytime Phone #