## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9400049314  Lettity Name  ETA HOME HEALTH CARE, INC.						FILED 02 APR 23 PM 2: 44			
Principal Place of Business Mailing Address						UZ APR 23	PM 2: 44		
2600 TECHNO ORLANDO FL	DLOGY DRIVE. STE. 300 32804	P.O. BOX 53-6576 ORLANDO FL 32853-6576				SECRETARY OF STATE TALLAHASSEE: FLORIDA			
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. F	4. FEI Number 59-3272065 Applied For Not Applicable				
Zip Country		Zip Country		5. (	5. Certificate of Status Desired   \$8.75 Additional Fee Required				
	6. Name and Address of Current F	egistered Agent			7. N	7. Name and Address of New Registered Agent			
				Name					
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
TALLAHA	SSEE FL 32301		Cib				<b>—</b> •	J.	
				City			FL Zip Cod	ie	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent of the printed name of registered agent and title if applicable.  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)    Signature, typed or printed name of registered agent and title if applicable.   FILE NOW!!! FEE IS \$1					.00 f State	Election Campaign Financir     Trust Fund Contribution.	☐ Added	00 May Be	
11.	· OFFICERS AND [		12.	. <del> </del>		DITIONS/CHANGES TO OFFICER			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LINEHAM, STEPHEN D 2600 TECHNOLOGY DRIVE, STE. ORLANDO FL 32804	☐ Delete 300	•		1/D Inehar	i, Stephen D.	Change	☐ Addition }	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZIOMEK, JANET L 2600 TECHNOLOGY DRIVE, STE. ORLANDO FL 32804	☐ Delete			170	80000532	Change	☐ Addition — <b>1</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOVELL, N. SCOTT 2600 TECHNOLOGY DRIVE, STE. ORLANDO FL 32804	<b>X</b> Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVIN, MARC 910 RIDGEBROOK RD SPARKS GLENCOE MD 21152	Delete		1 i	K	<u> </u>	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELKINS, MARSHALL 910 RIDGEBROOK RD SPARKS GLENCOE MD 21152	Delete		i i	- /		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ET ADDRESS ST-ZIP	ebeca 600 T	ca L. Myers echnology or St to, FL 32-804	□ Change	Addition	
indicated of the cor	certify that the information supplied with to on this report or supplemental report is poration or the receiver or trustee empore or on an attachment with an addre	rue and accurate and that my	v signat	ure shall have	e the same I	egal effect as if made under oath: t	that I am an officer	or director	

GIGNATURE: Lebecca L. Hyers 4/19/02 407. 822. 4000 x 4799





ACCOUNT NO. : 072100000032

REFERENCE :

542010

7120726

AUTHORIZATION

COST LIMIT : \$ 150.00

ORDER DATE: April 23, 2002

ORDER TIME: 12:06 PM

ORDER NO. : 542010-150

CUSTOMER No: 7120720

CUSTOMER No: Gina Deloach

CUSTOMER No: Gina Deloach

CUSTOMER No: 7120720

CUSTOMER No: Gina Deloach

CUSTOMER No: Gina

NAME: ETA HOME HEALTH CARE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: