

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90006 011 ***158.75

00060536

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000054261**1. Entity Name**

HERITAGE HOME HEALTH, INC

| Principal Place of Business | Mailing Address |
|-------------------------------------------------------------|-------------------------------------------------------------|
| 5180 W. Atlantic Ave. A 105 Delray Beach, FL 33484 | 5180 W. Atlantic Ave. A 105 Delray Beach, FL 33484 |

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0598330

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired☒**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**Schemel, Robert G.
5858 Heritage Park Way
Delray Beach, FL 33484**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 | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|-------|-------------------|------------------------|------------------------|---------------------------------|
| | PST | | | |
| | Schemel, Robert G | 5858 Heritage Park Way | Delray Beach, FL 33484 | <input type="checkbox"/> Delete |
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12.**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
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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

Date

Daytime Phone #

CR2E034 (9/99)