2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071537

1. Entity Name

HOME HEALTH CARE AND NURSING SOLUTIONS OF FLORID

Principal Place of Business	Mailing Address
13014 NORTH DALE MABRY HWY. SUITE #255 TAMPA FL 33618	13014 NORTH DALE MABRY HWY. SUITE #255 TAMPA FL 33618-2808

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3051572** 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
HAVERTY, THOMAS F 13014 NORTH DALE MABRY HWY. SUITE #255 TAMPA FL 33618	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** NAME **HAVERTY, THOMAS F** STREET ADDRESS **13014 NORTH DALE MABRY HWY., SUITE 255** CITY-ST-ZIP **TAMPA FL 33618**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*President* *HAVERTY, Thomas, F.* *same*	☑ Change ☐ Addition
TITLE **D** NAME **HAVERTY, LISA** STREET ADDRESS **13014 NORTH DALE MABRY HWY., SUITE 255** CITY-ST-ZIP **TAMPA FL 33618**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*Vice President* *HAVERTY, LISA A.* *same*	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: _Lisa Haverty_ V.P.   2-28-00   813-920-2655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #