

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**  
 03-27-2000 90129 040 \*\*\*150.00

**DOCUMENT # P96000100487**

1. Entity Name

**CARE PLUS HOME HEALTH, INC.**

Principal Place of Business

**3825 26TH ST W  
 BRADENTON FL 34205**

Mailing Address

**3825 26TH ST W  
 BRADENTON FL 34205-3507**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0729656**

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

7. Name and Address of New Registered Agent

**HOMISCO INCORPORATION, INC.  
 222 LAKEVIEW AVE., SUITE 800  
 WEST PALM BEACH FL 33401**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD  
 GARLICK, PAUL  
 P.O. BOX 495  
 TERRA CEIA FL 34205**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Garlick, Paul  
 90 Michiana Dr. P.O. Box 495  
 Terra Ceia, 34250**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**STD  
 GARLICK, KATHRYN  
 P.O. BOX 495  
 TERRA CEIA FL 34205**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Garlick, Kathryn  
 As above.**

☒ 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  
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 STREET ADDRESS  
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☐ Change ☐ Addition

TITLE  
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☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Kathryn Garlick*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 22/2000 941-751-2626*  
 Date Daytime Phone #