2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State
04-18-2000 90210 014 ***150.00

DOCUMENT # P97000008124

1. Entity Name

TOTAL HOME CARE SPECIALISTS, INC.

Principal Place of Business	Mailing Address
340 NOTTINGHAM BLVD W PALM BEACH FL 33405 US	340 NOTTINGHAM BLVD W PALM BEACH FL 33405-2614 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	340 Nottingham Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: West Palm Beach FL
Zip / Country	Zip: 33405 / Country: US

4. FEI Number: 65-0722061 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCNENEY JOHN
340 NOTTINGHAM BLVD
W PALM BEACH FL 33405

Correct spelling

7. Name and Address of New Registered Agent

Name: MCANENEY, John
Street Address (P.O. Box Number is Not Acceptable): Same As #6
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] 4/7/00
Signature, typed or printed name of registered agent and title if applicable: JOHN M MCANENEY (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	TITLE	D/P ☐ Change ☒ Addition
NAME	MCANENEY, JOHN	NAME	
STREET ADDRESS	340 NOTTINGHAM BLVD	STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33405	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] 4/7/00 561-835-3538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: John M McAneney — Date — Daytime Phone #