

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009094

1. Entity Name

TOTAL PATIENT CARE HOME HEALTH, INC.

Principal Place of Business

3236 Beach Blvd
Suite 215
Jacksonville, FL 32207
US

Mailing Address

3236 Beach Blvd.
Suite 215
Jacksonville, FL 32207
US

2. Principal Place of Business

3236 Beach Blvd.

Suite, Apt. #, etc.

3. Mailing Address

3236 Beach Blvd.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3432594

Applied For

Not Applicable

Zip
32207

Country

US

Zip
32207

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Dufresne, Donald M.
8777 San Jose Blvd.
Churchill Park, Suite 301
Jacksonville, FL 32217

7. Name and Address of New Registered Agent

Name

MOTOLAW, Inc.

Street Address (P.O. Box Number is Not Acceptable)

50 N. Laura Street

Suite 2750

City

Jacksonville

FL

Zip Code
32202

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.

Gregory M. Dawson,
Vice President

4/20/2000

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	D	<input type="checkbox"/> Delete
NAME	Peden, Dixie L	
STREET ADDRESS	3236 Bch Blvd	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	McAuliffe, Matthew M	
STREET ADDRESS	3236 Bch Blvd	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3236 Beach Blvd	
CITY-ST-ZIP		
TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3236 Beach Blvd	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Matthew M. McAuliffe,
Vice President

Date

4-1-00

Daytime Phone #

(904) 399-1142

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90288 041 ***150.00

A0061511

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)