

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030948

1. Entity Name
CONCERNED HOME CARE, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90118 007 ***150.00

Principal Place of Business' Mailing Address
% JAMES KARL & ASSOCIATES % JAMES KARL & ASSOCIATES
975 NORTH COLLIER BLVD. 975 NORTH COLLIER BLVD.
MARCO ISLAND FL 34145 MARCO ISLAND FL 34145-2773

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3452649 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

KARL, JAMES L II, ESQ
975 NORTH COLLIER BLVD.
MARCO ISLAND FL 34145

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 PTD
NAME DOWDALL, M. PHILOMENA
STREET ADDRESS % 975 NORTH COLLIER BLVD.
CITY-ST-ZIP MARCO ISLAND FL 34145
☐ Delete
TITLE VSD
NAME DOWDALL, MAUREEN
STREET ADDRESS % 975 NORTH COLLIER BLVD.
CITY-ST-ZIP MARCO ISLAND FL 34145
☒ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE P
NAME M. PHILOMENA DOWDALL
STREET ADDRESS C/O 975 NORTH COLLIER BLVD.
CITY-ST-ZIP MARCO ISLAND, FL 34145
☒ Change ☐ Addition
TITLE VST
NAME PETER M. DOWDALL
STREET ADDRESS C/O 975 NORTH COLLIER BLVD.
CITY-ST-ZIP MARCO ISLAND, FL 34145
☐ Change ☒ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
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: Peter M. Dowdall PETER M. DOWDALL 2/2/2000 724-441-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)