

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000036241

1. Entity Name
HOME HEALTH PLAN, INC.



Principal Place of Business
**2150 WHITFIELD INDUSTRIAL WAY
SARASOTA, FL 34243 US**

Mailing Address
**2150 WHITFIELD INDUSTRIAL WAY
SARASOTA, FL 34243 US**

DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0802981** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DOBIESZ, NORMAN
2150 WHITFIELD INDUSTRIAL WAY
SARASOTA, FL 34243**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000267874
03/18/05-80020-d18 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOBIESZ, NORMAN R 2150 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZAMBOUROS, MICHAEL 2150 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DOBIESZ, MAUREEN D 2150 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243
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IN THIS SPACE**

12. 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 10 or Block 11 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

03-16-05

Date

Daytime Phone #