

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90178 050 \*\*\*150.00

**DOCUMENT # P97000083871**

1. Entity Name

**MEDICAL ASSOCIATE HOME HEALTH, INC.**

Principal Place of Business

Mailing Address

**SOUTH UNIVERSITY DRIVE.. STE 112  
 FL 33328**

**5400 SOUTH UNIVERSITY DRIVE.. STE 112  
 DAVIE FL 33328-5300  
 US**

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

**65-0785615**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CARTER, ROWAN O  
 1273 PRESIDIO DRIVE  
 WESTON FL 33327**

7. Name and Address of New Registered Agent

Name

**Kim Lunn**

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

**1209 MANOR DRIVE S.**

**Weston, FLA. 33326**

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

**4/26/00**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CARTER, MARCIA A</b>	
STREET ADDRESS	<b>1273 PRESIDIO DRIVE</b>	
CITY-ST-ZIP	<b>WESTON FL 33327</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CARTER, ROWAN O</b>	
STREET ADDRESS	<b>1273 PRESIDIO DRIVE</b>	
CITY-ST-ZIP	<b>WESTON FL 33327</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LUNN, KIM M</b>	
STREET ADDRESS	<b>1209 MANOR DRIVE SOUTH</b>	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LUNN, LESLIE M</b>	
STREET ADDRESS	<b>1209 MANOR DRIVE SOUTH</b>	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>MARCIA A. Carter - President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1273 Presidio Drive</b>	<b>P</b>
STREET ADDRESS	<b>Weston, FLA 33327</b>	
CITY-ST-ZIP		
TITLE	<b>Kim M. Lunn - Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1209 Manor Drive S.</b>	<b>S</b>
STREET ADDRESS	<b>Weston, FL 33326</b>	
CITY-ST-ZIP		
TITLE	<b>Rowan O. Carter - V.P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1273 Presidio Drive</b>	<b>V</b>
STREET ADDRESS	<b>Weston, FL 33327</b>	
CITY-ST-ZIP		
TITLE	<b>Leslie M. Lunn Jr. Treas.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1209 Manor Drive S.</b>	<b>T</b>
STREET ADDRESS	<b>Weston, FLA 33326</b>	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/26/00 (954) 252-9500**