

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90050 042 \*\*\*150.00

**DOCUMENT # P98000005158**

1. Entity Name

**AMERICAN HOME THERAPY PROVIDER, INC.**

Principal Place of Business

Mailing Address

BAL HARBOR BLVD.  
GORDA FL 33951P.O. BOX 367  
PUNTA GORDA FL 33951

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

PUNTA GORDA, FL

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

Zip

Country

Zip

Country

33950

CHARLOTTE

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

6. Name and Address of Current Registered Agent

PENANO, EDGAR  
900 BAL HARBOR BLVD.  
PUNTA GORDA FL 33951

7. Name and Address of New Registered Agent

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PDS	PENANO, EDGAR	900 BAL HARBOR BLVD.	PUNTA GORDA FL 33951	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPTD	PENANO, GRACE	900 BAL HARBOR BLVD.	PUNTA GORDA FL 33951	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

EDGAR C. PENANO

Date

Daytime Phone #

1/13/00

941-766-1235

CR2E034 (9/99)