

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90015 017 ***150.00

DOCUMENT # P98000005158

1. Entity Name

AMERICAN HOME THERAPY PROVIDER, INC.

Principal Place of Business

**900 BAL HARBOR BLVD.
PUNTA GORDA FL 33951**

Mailing Address

**P.O. BOX 367
PUNTA GORDA FL 33951**

2. Principal Place of Business

3380 Tamiami Trail

3. Mailing Address

3380 Tamiami Trail

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

Suite C

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

Zip

33952

Country

CHARLOTTE

Zip

33952

Country

CHARLOTTE

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

EDGAR C. PENANO

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

3380 TAMIAAMI TRAIL

Suite C

City

PORT CHARLOTTE

FL

Zip Code

33952

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

EDGAR C. PENANO - President

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

(NOTE: Registered Agent signature required when reinstating)

7/20/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PDS** ☐ Delete
NAME **PENANO, EDGAR**
STREET ADDRESS **900 BAL HARBOR BLVD.**
CITY-ST-ZIP **PUNTA GORDA FL 33951**

TITLE **VPTD** ☐ Delete
NAME **PENANO, GRACE**
STREET ADDRESS **900 BAL HARBOR BLVD.**
CITY-ST-ZIP **PUNTA GORDA FL 33951**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDS** ☒ Change ☐ Addition
NAME **EDGAR C. PENANO**
STREET ADDRESS **3380 TAMIAAMI TRAIL Suite C**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **VPTD** ☒ Change ☐ Addition
NAME **GRACE PENANO**
STREET ADDRESS **3380 Tamiami Trail Suite C**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

EDGAR C. PENANO - President

7/20/01

941-766-1235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0144852 SP

CR2E034 (5/01)



DO NOT WRITE IN THIS SPACE

00074340

Attachment
DOC # P98000005158
C0074540

ERS, Inc. Biomedical Services
7/22/01.

To whom it may Concern,

Please be informed that
we recently received this
Renewal date 7/22/01.
We NEVER RECIEVE the
first notice. So if
can help on this we
move to a new location
Enclosed \$150.00
for the payment instead
of the late payment.
Thank you for consideration.

Thank you
Edgar Pineda

Equipment calibration and safety test specialists
800-479-2987 813-948-2082 fax