

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054811

1. Entity Name

SOUTHERN HOMECARE OF THE PALM BEACHES, INC. ✓

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90022 013 ***550.00

Principal Place of Business

1030 1030 LAKE AVE., STE. A
LAKE WORTH FL 33460

Mailing Address

1030 1030 LAKE AVE., STE. A
LAKE WORTH FL 33460

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

65-0845272

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

LAMB, RICHARD L
1517 20TH STREET
VERO BEACH FL 32961-6704

Name

JOHN McDivitt

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

125 NORTH AVE

City

Palm Beach

FL

Zip Code

33480

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

Virginia M. Atkinson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/13/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME ATKINSON, VIRGINIA M
STREET ADDRESS 13562 JONQUIL PL
CITY-ST-ZIP WELLINGTON FL 33414

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

TITLE V ☐ Delete
NAME CHIANCA, MICHELLE
STREET ADDRESS 14 PEABODY LANE
CITY-ST-ZIP PELHAM NH 03076

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

TITLE S ☐ Delete
NAME MURRAY, MELISSA
STREET ADDRESS 13562 JONQUIL PL
CITY-ST-ZIP WELLINGTON FL 33414

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

TITLE S ☐ Delete
NAME ATKINSON, NICHOLAS
STREET ADDRESS 13562 JONQUIL PL
CITY-ST-ZIP WELLINGTON FL 33414

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)