

5/19

**FILED**  
**Jun 21, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90048 011 \*\*\*150.00

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059519

1. Entity Name

Advantage Home Health Care, Inc.  
 3217 NW 10th Terrace  
 Ft. Lauderdale, FL 33306

Principal Place of Business

3217 NW 10th Terrace  
 Ft. Lauderdale, FL 33306

Mailing Address

3217 NW 10th Terrace  
 Ft. Lauderdale, FL 33306

2. Principal Place of Business

3217 NW 10th Terrace

Suite, Apt. #, etc.

3. Mailing Address

777 Yamato Road

Suite, Apt. #, etc.

Suite #330

City &amp; State

Ft. Lauderdale, FL

Zip

33306

Country

USA

Zip

33431

Country

USA

4. FEI Number

65-0844538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Gran, Austin-B.  
 1501 North 9th Avenue  
 Pensacola, FL 32503

7. Name and Address of New Registered Agent

Name Myrick, Kim

Street Address (P.O. Box Number is Not Acceptable)  
 777 Yamato Road, Suite #330

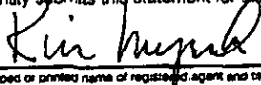
City Boca Raton

FL

Zip Code 33431

3. 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



(Secretary/Treasurer)

4/28/00

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

TITLE ☒ Delete  
 NAME Bass, John L.  
 STREET ADDRESS 4421 NE 17th Avenue  
 CITY-STATE-ZIP Ft. Lauderdale, FL 33334

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
 NAME Myrick, Kim Secretary/Treas.  
 STREET ADDRESS 1664 Flagler Manor Circle  
 CITY-STATE-ZIP West Palm Beach, FL 33411

TITLE ☐ Change ☒ Addition  
 NAME Lechner, Brian President  
 STREET ADDRESS 360 SE Mizner Blvd. #1509  
 CITY-STATE-ZIP Boca Raton, FL 33432

TITLE ☐ Change ☒ Addition  
 NAME McCaskill, Susan T. (V.P.)  
 STREET ADDRESS 742 Mulberry Avenue  
 CITY-STATE-ZIP Celebration, FL 33432

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kim Myrick

4/28/00

Date

561-893-0163

Daytime Phone

CR2E034 (9/99)