5/19

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2000 8:00 am
Secretary of State
05-19-2000 90048 011 ***150.00

DOCUMENT # P98000059519

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

Principal Place of Business	Mailing Address
3217 NW 10th Terrace Ft. Lauderdale, FL 33306	3217 NW 10th Terrace Ft. Lauderdale, FL 33306

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3217 NW 10th Terrace	777 Yamato Road
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite #330
City & State Ft. Lauderdale, FL	City & State Boca Raton, 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	7. Name and Address of New Registered Agent
Gran, Austin B. 1501 North 9th Avenue Pensacola, FL 32503	Name: Myrick, Kim Street Address (P.O. Box Number is Not Acceptable): 777 Yamato Road, Suite #330 City: Boca Raton FL Zip Code: 33431

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: Kim Myrick (Secretary/Treasurer) DATE: 4/28/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	Bass, John L. 4421 NE 17th Avenue Ft. Lauderdale, FL 33334 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Myrick, Kim Secretary/Treas. 1664 Flagler Manor Circle West Palm Beach, FL 33411 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lechner, Brian President 360 SE Mizner Blvd. #1509 Boca Raton, FL 33432 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	McCaskill, Susan T. (V.P.) 742 Mulberry Avenue Celebration, FL 33432 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Kim Myrick Kim Myrick 4/28/00 561-893-0163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #