

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90116 042 ***150.00

DOCUMENT # P98000077226

1. Entity Name
HOME HEALTH SOLUTIONS, INC.



Principal Place of Business
**990 S. ROGERS CIR
#3
BOCA RATON FL 33487
US**

Mailing Address
**990 S. ROGERS CIR
#3
BOCA RATON FL 33487
US**

22001957



2. Principal Place of Business
7700 CONGRESS S3111-12
Suite, Apt. #, etc.

3. Mailing Address
7700 CONGRESS AVE
Suite, Apt. #, etc.
S3111-12

☐ CHECK HERE IF MAKING CHANGES

City & State
Boca Raton
Zip
33487
Country
Palm Beach

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Zip
33487
Country
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4. FEI Number
65-0862089

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KORTHALS, JOHN L ESQ.
1401 EAST ATLANTIC BOULEVARD
POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent

Name
JOSEPH TESTA
Street Address (P.O. Box Number is Not Acceptable)
1000 S Cypress
City
Pompano Beach FL Zip Code
33060

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Joseph Testa** DATE **1-14-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CALE, MICHAEL G 990 S. ROGERS CIR BOCA RATON FL 33487 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD cale, michael G 7700 CONGRESS AVE S3111-12 BOCA RATON FL 33487 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 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

1-10-03 8646760309-151
Date Daytime Phone #

CR2E034 (10/02)