

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-13-2002 90075 036 ***150.00

DOCUMENT # P98000083198

1. Entity Name

HOMESTEAD HEALTH MANAGEMENT GROUP, INC.

Principal Place of Business

750 STARKEY ROAD
 LARGO FL 34641

Mailing Address

750 STARKEY ROAD
 LARGO FL 34641

2. Principal Place of Business

7235 Bryan Dairy Road
 Suite, Apt. #, etc.

3. Mailing Address

7235 Bryan Dairy Road
 Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Largo, FL

Zip

33777

Country

USA

Zip

33777

Country

USA

4. FEI Number

59-3535033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MOSES, MICHAEL J II
 750 STARKEY ROAD
 LARGO FL 34641

7. Name and Address of New Registered Agent

Name James E. Heenan

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

7235 Bryan Dairy Road

City

Largo

FL

Zip Code

33777

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

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

JAMES E. HEENAN

(NOTE: Registered Agent signature required when reinstating)

5/24/02

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so: ☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 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	DPT	<input type="checkbox"/> Delete
NAME	MOSES, MICHAEL J II	
STREET ADDRESS	750 STARKEY ROAD	
CITY-ST-ZIP	LARGO FL 34641	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PAGGEOT, REX A	
STREET ADDRESS	750 STARKEY ROAD	
CITY-ST-ZIP	LARGO FL 34641	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSES, MICHAEL J II	
STREET ADDRESS	7235 Bryan Dairy Road	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES E. HEENAN	
STREET ADDRESS	7235 Bryan Dairy Road	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lois Bosworth	
STREET ADDRESS	7235 Bryan Dairy Road	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. HEENAN

5/24/02

Date

727-725-1136

Daytime Phone #

CR2E034 (9/01)