

2/22

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90030 029 \*\*\*158.75

**DOCUMENT # P99000002452**

1. Entity Name

**PATIENT CHOICE HOME HEALTH AGENCY, INC.**

Principal Place of Business

Mailing Address

1876 NORTH UNIVERSITY DRIVE  
 SUITE 200-C, D & E  
 PLANTATION FL 33322

1876 NORTH UNIVERSITY DRIVE  
 SUITE 200-C, D & E  
 PLANTATION FL 33322-4130

~~610472~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1868 N. University Drive**

3. Mailing Address

**1868 N. University Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE # 202****SUITE # 202**

City &amp; State

**PLANTATION FL**

City &amp; State

**PLANTATION FL**

4. FEI Number

**65-0886993**

Applied For

Not Applicable

Zip

**33322**

Country

**USA**

Zip

**33322**

Country

**USA**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

Name

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

City

**FL**

Zip Code

**B&C CORPORATE SERVICES, INC.**  
**MIAMI CENTER**  
**201 SOUTH BISCAYNE BLVD., SUITE 3000**  
**MIAMI FL 33131**

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.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>ANNE E. MUNOZ, President</b> <b>1868 N. University Dr., # 202</b> <b>Plantation, FL 33322</b>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Judith Miller, Secretary</b> <b>1868 N. University Drive</b> <b>Plantation, FL 33322</b>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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:

*ANNE E. MUNOZ*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/14/00** **(954) 476-8522**  
 Date Daytime Phone #

CR2E034 (9/99)