

2003 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

06-09-2003 90107 033 \*\*\*558.75

DOCUMENT # P99000002452

1. Entity Name

PATIENT CHOICE HOME HEALTH AGENCY, INC.



**DO NOT WRITE IN THIS SPACE**

JUL100013

2. Principal Place of Business  
1868 N. University Dr.

Suite, Apt. #, etc.  
306

City & State  
Plantation, FL

Zip  
33322

Country

3. Mailing Address  
1868 N. University Dr.

Suite, Apt. #, etc.  
306

City & State  
Plantation, FL

Zip  
33322

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0886993

Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent

Name  
B&C CORPORATE SERVICES, INC.

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

201 SOUTH BISCAYNE BLVD., SUITE 3000

City MIAMI, FL Zip Code 33131

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and the filer required.

(NOTE: Registered Agent signature required when constituting)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
PRESIDENT  
MUNOZ, ANNE E  
1868 N. UNIVERSITY DR., #306  
PLANTATION, FL 33322

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6403

2340

DATE OF FILING

CR2E034B (12/02)