

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90002 031 ***158.75

DOCUMENT # P99000013666

1. Entity Name

HOME HEALTHCARE NETWORK OF CENTRAL FLORIDA, INC.

Principal Place of Business

**300 E. COLONIAL DRIVE
 ORLANDO FL 32801**

Mailing Address

**300 E. COLONIAL DRIVE
 ORLANDO FL 32801**

2. Principal Place of Business

300 E. Colonial Drive
 Suite, Apt. #, etc.

3. Mailing Address

4953 S.W. 74th CT.
 Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Miami FL

Zip

32801

Country

DA

Zip

33155

Country

4. FEI Number

59-3559310

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SALAZAR, NELSON
 300 E. COLONIAL DRIVE
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP | PD SALAZAR-REBULL, AIDA 300 E. COLONIAL DRIVE ORLANDO FL 32801 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SALAZAR, NELSON 300 E. COLONIAL DRIVE ORLANDO FL 32801 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Guillermo Delgado 19021 SW 80th Ave Miami FL 33176 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input 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 |

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

Date

Daytime Phone #

CR2E034 (10/00)