

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90099 032 ***158.75



DO NOT WRITE IN THIS SPACE

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
**4953 SW 74TH CT
 MIAMI FL 33155**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number ~~59-3559340~~ **59-3559510** 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.)
 City
 Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE

(NOTE: Registered Agent signature required with this filing)

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**

*FEI # is incorrect.
 Our # is 59-3559510
 see attached copy.*

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	SALAZAR-REBULL, AIDA	300 E. COLONIAL DRIVE	ORLANDO FL 32801	<input type="checkbox"/>
VPD	SALAZAR, NELSON	300 E. COLONIAL DRIVE	ORLANDO FL 32801	<input checked="" type="checkbox"/>
D	DELGADO, GUILLERMO	10021 SW 80 AVENUE	MIAMI FL 33176	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
VPD				<input checked="" 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/9/02** Daytime Phone #

CR2E034 (9/01)

Attachment
908329
P99000D13666

8 (darken the 1120
number 31, 1996, and a
date, darken the 4th
30, 1996, and a
after that date,
to the correct
identification number
of tax deposit;
you are depositing;
or which you are
in period.
me telephone
sing your deposits.
e of back cover.)

Amount 544.95
Date 7/24/01 Check Number 2857
Type of Tax 940 Tax Period 2nd Q/2001

Federal Tax Deposit Coupon
Form 8109 (Rev. 10-96)

496

Telephone number ()

Mark the "X" in this
box only if there is a
change to Employer
Identification Number
(EIN) or Name.
See instructions on
page 1.

BANK NAME/
DATE STAMP

HOME HEALTHCARE NETWORK OF CENTRAL
FLORIDIA INC
300 E COLONIAL DR
ORLANDO FL 32801-1206

EIN 59-3559510 041112

941	945	1st Quarter
990- C	1120	2nd Quarter
943	990-T	3rd Quarter
720	990- PF	4th Quarter
CT-1	1042	
940		

FOR BANK USE IN MICR ENCODING

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