

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000062264****1. Entity Name**
ACCESS HOME HEALTH, INC.**Principal Place of Business**
8907 REGENTS PARK DRIVE STE 370
TAMPA FL 33647**Mailing Address**
8907 REGENTS PARK DRIVE STE 370
TAMPA FL 33647**2. Principal Place of Business****3. Mailing Address**
2531 NW 53RD TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State**City & State**
GAINESVILLE FL**Zip****Country****Zip**
32606**Country****4. FEI Number**
59-3587651**Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMOREHEAD WAYNE S
8907 REGENTS PARK DRIVE STE 370
TAMPA FL 33647**7. Name and Address of New Registered Agent****Name**
MOREHEAD WAYNE S
Street Address (P.O. Box Number is Not Acceptable)
2531 NW 53RD TERR
City
GAINESVILLE **FL** **Zip Code**
32606**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 WAYNE S. MOREHEAD****05/01/2000**

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**

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	
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	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MOREHEAD CASSANDRA B		
STREET ADDRESS	2531 NW 53RD TERR		
CITY-ST-ZIP	GAINESVILLE FL 32606		
TITLE	PSD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MOREHEAD WAYNE S		
STREET ADDRESS	2531 NW 53RD TERR		
CITY-ST-ZIP	GAINESVILLE FL 32606		
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			
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** Wayne S. Morehead**Prox** 05/01/2000