

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104374

1. Entity Name

HOMECARE NURSE MANAGEMENT SERVICES OF FLORIDA, I

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90024 044 \*\*\*158.75

Principal Place of Business  
 1200 BRICKELL AVE. SUITE 1720  
 MIAMI FL 33131

Mailing Address  
 1200 BRICKELL AVE. SUITE 1720  
 MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address  
 3050 Universal Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
 150

City & State

City & State  
 Weston FL

4. FEI Number 65-0969234

Applied For  
 Not Applicable

Zip

Country

Zip  
 33331

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

BAUMAN, BRYAN W  
 1200 BRICKELL AVE, SUITE 1720  
 MIAMI FL 33131

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
 NAME JACOBS, GARY  
 STREET ADDRESS 3050 UNIVERSAL BLVD, SUITE 150  
 CITY-ST-ZIP WESTON FL 33331 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
 NAME BAUMAN, BRYAN W  
 STREET ADDRESS 1200 BRICKELL AVE STE 1720  
 CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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

4/30/01

Date

(954) 283-4800

Daytime Phone #

CR2E034 (10/00)