

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S73891

Entity Name

PREFERRED HOME HEALTH, INC.

FILED

00 MAY -3 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1873 S BELLAIRE ST STE. 1700 DENVER CO 80222	1873 S BELLAIRE ST STE. 1700 DENVER CO 80222-4360 US

Principal Place of Business	3. Mailing Address
2000 South Colorado Blvd.	2000 South Colorado Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Tower Two, Suite 2-1000	Tower Two, Suite 2-1000
City & State	City & State
Denver, CO	Denver, CO
Zip	Country
80222	USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0307232	Applied For
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) 100003247541--9 -05/11/00--01014--007 City ****150.00 FL ****150.00

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 reinstalling)

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

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEO <input type="checkbox"/> Delete	TITLE	CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY COSIDINE	NAME	
STREET ADDRESS	1873 SOUTH BELLAIRE ST., 17TH FLOOR	STREET ADDRESS	2000 S. Colo. Blvd., Tower Two, #2-1000
CITY-ST-ZIP	DENVER CO 80222	CITY-ST-ZIP	Denver, CO 80222
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	President/Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS W TOOMEY	NAME	Peter K. Kompaniez
STREET ADDRESS	1873 SOUTH BELLAIRE ST., 17TH FLOOR	STREET ADDRESS	2000 S. Colo. Blvd., Tower Two, #2-1000
CITY-ST-ZIP	DENVER CO 80222	CITY-ST-ZIP	Denver, CO 80222
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP/Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA K HEATH	NAME	
STREET ADDRESS	1873 SOUTH BELLAIRE ST., 17TH FLOOR	STREET ADDRESS	2000 S. Colo. Blvd., Tower Two, #2-1000
CITY-ST-ZIP	DENVER CO 80222	CITY-ST-ZIP	Denver, CO 80222
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	
NAME	CARLA STONER	NAME	
STREET ADDRESS	1873 SOUTH BELLAIRE ST., 17TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	DENVER CO 80222	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	
NAME	JAMES WALLACE	NAME	
STREET ADDRESS	1873 SOUTH BELLAIRE ST., 17TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	DENVER CO 80222	CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> Delete	TITLE	EVP/Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELORES HUSTON	NAME	Joel F. Bonder
STREET ADDRESS	1873 SOUTH BELLAIRE ST., 17TH FLOOR	STREET ADDRESS	2000 S. Colo. Blvd., Tower Two, #2-1000
CITY-ST-ZIP	DENVER CO 80222	CITY-ST-ZIP	Denver, CO 80222

3. 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: By: Joel F. Bonder Joel F. Bonder, EVP/Secretary 4-25-00 (303) 757-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #