

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # V51505**1. Entity Name
H & M HOME HEALTH SERVICES, INC.Principal Place of Business
4125 HOLLYWOOD BLVD
HOLLYWOOD FL 33021 US
Mailing Address
4125 HOLLYWOOD BLVD
HOLLYWOOD FL 33021 US2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0425426
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent**BAILEY, ABE A.
20401 N.W. 2ND AVE.
SUITE 206
MIAMI FL 33169 US**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 _____ DATE **04/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33143	Delete
D	VENDRYES CHRISTOPHER	7980 S.W. 68TH TERRACE	MIAMI	FL	33143	<input type="checkbox"/>
D	HEWETT WAYNE	9300 SOUTH DADELAND BLVD, SUITE 210	MIAMI	FL		<input type="checkbox"/>
D	EPSTEIN STEPHEN	4601 PONCE DE LEON BLVD., #210	MIAMI	FL	33146	<input type="checkbox"/>
S	HEWETT, LORNA S.	9300 SOUTH DADELAND BLVD, SUITE 210	MIAMI	FL		<input type="checkbox"/>
P	HEWETT KEVIN	3900 NW 79TH AVE STE 601	MIAMI	FL	33166	<input type="checkbox"/>
C	HEWETT, AUDLEY	9300 SOUTH DADELAND BLVD, SUITE 210	MIAMI	FL		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33143	Delete	Change	Addition
						<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"/>
						<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 all other like empowered.

SIGNATURE: KEVIN HEWETT

P

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)