

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90148 005 ***150.00

DOCUMENT # V69416

1. Entity Name

WHOLE PERSON HOME HEALTH CARE OF FLORIDA, INC.

Principal Place of Business

5770 ROOSEVELT BLVD.
SUITE 700
CLEARWATER FL 34620

Mailing Address

5770 ROOSEVELT BLVD.
SUITE 700
CLEARWATER FL 34620

2. Principal Place of Business

5025 W. LEMON ST.

Suite, Apt. #, etc.

3. Mailing Address

5025 W. LEMON ST.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33609

Country

Zip

33609

Country

4. FEI Number

59-3164802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

CAREY, MICHAEL R.

Street Address (P.O. Box Number is Not Acceptable)

712 SOUTH OREGON AVENUE

City

TAMPA

FL

Zip Code

33606

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

TITLE **PCEO** ☐ Delete
NAME **CARMICHAEL, SUSAN J**
STREET ADDRESS **5770 ROOSEVELT BLVD., #700**
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **S** ☒ Delete
NAME **TRABER, MARTIN A**
STREET ADDRESS **100 N TAMPA ST STE 2700**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **CD** ☐ Delete
NAME **CHEMA, THOMAS V**
STREET ADDRESS **1100 HUNTINGTON BLDG**
CITY-ST-ZIP **CLEVELAND OH 44115**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5025 W. LEMON ST.**
CITY-ST-ZIP **TAMPA, FL 33609**

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **925 EUCLID AVE., SUITE 1100**
CITY-ST-ZIP **CLEVELAND, OH 44115**

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)