

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 20, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91315 035 \*\*\*150.00

UNIFORM  
 AT

**DOCUMENT # P01000111380**

1. Entity Name  
**HOME HEALTH AGENCY-ILLINOIS, INC.**

Principal Place of Business 2530 GARY CIRCLE SUITE 802 DUNEDIN FL 34698	Mailing Address 2530 GARY CIRCLE SUITE 802 DUNEDIN FL 34698
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 59-3757324	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  
**BUSINESS FILINGS INCORPORATED**  
**1000 WEST AVENUE SUITE 1114**  
**MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent  
 Name: **David DeCamella**  
 Street Address (P.O. Box Number is Not Acceptable):  
**2530 Gary Circle**  
**802**  
 City: **Dunedin** FL Zip Code: **34698**

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: **David DeCamella** (NOTE: Registered Agent's signature required when changing) DATE: **Hyler**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NAGPAL, BEENA</b>	NAME	
STREET ADDRESS	<b>2530 GARY CIRCLE SUITE 802</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NAGPAL, NARESH</b>	NAME	
STREET ADDRESS	<b>2530 GARY CIRCLE SUITE 802</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DECAMELLA, DAVID</b>	NAME	
STREET ADDRESS	<b>2530 GARY CIRCLE SUITE 802</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Beena Nagpal** **REQUIRED** **Hyler**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)