

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90244 045 ***150.00

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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**



2. Principal Place of Business
1444 N Farnsworth Ave

3. Mailing Address
1444 N Farnsworth Ave

Suite, Apt. #, etc.
302 Suite, Apt. #, etc.
Suite 302

City & State
Aurora IL City & State
Aurora IL

Zip
60505 Country
USA Zip
60505 Country
USA

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3757324** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DECAMELLA, DAVID
2530 GARY CIRCLE
#802
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent
Name
American Information Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
C/O Akerman Senter Fitt
350 E Las Olas Blvd, 16th Floor
City
Ft. Lauderdale FL Zip Code
33301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Amy Le Grand* **Amy Le Grand**
Assistant Secretary **4/14/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAGPAL, BEENA 2530 GARY CIRCLE SUITE 802 DUNEDIN FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nagpal, Beena 8551 W. Sunrise Blvd, Suite 304 Plantation FL 33322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAGPAL, NARESH 2530 GARY CIRCLE SUITE 802 DUNEDIN FL 34698 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECAMELLA, DAVID 2530 GARY CIRCLE SUITE 802 DUNEDIN FL 34698 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Beena Nagpal* **BEENA NAGPAL** **4/07/03** **954-474-0304**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)