FILE NOW: FILING FEE IS $61.25

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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **734082** **(1)**

1. Corporation Name
ABC HOME HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
580 WEST 8TH STREET C/O MARCUS E. DREWA'S OFFICE JACKSONVILLE FL 32209	580 WEST 8TH STREET C/O MARCUS E. DREWA'S OFFICE JACKSONVILLE FL 32209-6533

3. Date Incorporated or Qualified: 10/16/1975
3a. Date of Last Report: 04/23/1996

2. Principal Place of Business
21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 51-0173761 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HARRISON, PHILIP R.
580 W. 8TH STREET
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name: Marcus E. Drewa
82 Street Address (P.O. Box Number is Not Acceptable): 580 W. 8th Street
83
84 City: Jacksonville FL 85 Zip Code: 32209

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ 4/22/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HATCH, MONROE C		1.2 NAME	
STREET ADDRESS	3120 HENDRICKS AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JORDAN, ROBERT E.		2.2 NAME	
STREET ADDRESS	580 W. 8TH ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CUDA, KEVIN		3.2 NAME	
STREET ADDRESS	580 W. 8TH ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL		3.4 CITY-ST-ZIP	
TITLE	VD	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HARRISON, PHILIP R		4.2 NAME	
STREET ADDRESS	580 W. 8TH ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/22/97 904-798-8200