

FILE NOW: FILING FEE IS \$61.25

FILED
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
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DOCUMENT # **734082** (1)

1. Corporation Name

ABC HOME HEALTH SERVICES, INC.



Principal Place of Business 580 WEST 8TH STREET C/O MARCUS E. DREWA'S OFFICE JACKSONVILLE FL 32209	Mailing Address 580 WEST 8TH STREET C/O MARCUS E. DREWA'S OFFICE JACKSONVILLE FL 32209-6533
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3. Date Incorporated or Qualified **10/16/1975** 3a. Date of Last Report **04/23/1996**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number **51-0173761** Applied For
Not Applicable

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

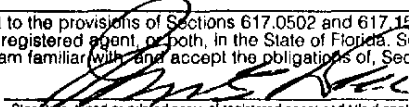
6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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	
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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	

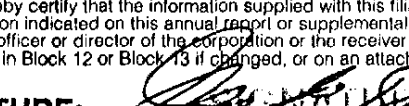
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.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

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **4/22/97**

12. OFFICERS AND DIRECTORS	
TITLE PD	☐ DELETE
NAME HATCH, MONROE C	
STREET ADDRESS 3120 HENDRICKS AVE.	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE VD	☐ DELETE
NAME JORDAN, ROBERT E.	
STREET ADDRESS 580 W. 8TH ST	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE STD	☐ DELETE
NAME CUDA, KEVIN	
STREET ADDRESS 580 W. 8TH ST.	
CITY-ST-ZIP JACKSONVILLE BEACH FL	
TITLE VD	☒ DELETE
NAME HARRISON, PHILIP R	
STREET ADDRESS 580 W. 8TH ST.	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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  DATE **4/22/97** 904-798-8200

CR2E037 (9/96)