

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 17, 1999 8:00 am
Secretary of State

02-17-1999 90038 022 ***150.00

DOCUMENT # F98000000877

1. Corporation Name
HOMECARE PROVIDERS GROUP, INC.

Principal Place of Business
1111 W. SAN MARNAN DR.
WATERLOO IA 50704

Mailing Address
PO BOX 2817
WATERLOO IA 50704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/13/1998

4. FEI Number
42-1468396

Applied For
Not Applicable

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

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHAEFER, JAMES
3270 SUNTREE BLVD., #205-A
MELBOURNE FL 32940

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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 P
NAME PRIAL, SHELDON
STREET ADDRESS 3270 SUNTREE BLVD., #205-A
CITY-ST-ZIP MELBOURNE FL 32940

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME SCHAEFER, JAMES
STREET ADDRESS 3270 SUNTREE BLVD., #205-A
CITY-ST-ZIP MELBOURNE FL 32940

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME WALSH, JAMES E JR
STREET ADDRESS 10 W. 4TH ST.
CITY-ST-ZIP WATERLOO IA 50701

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T
NAME THOMPSON, LYNDON
STREET ADDRESS 1111 W. SAN MARNAN DR.
CITY-ST-ZIP WATERLOO IA 50701

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DC
NAME MILLER, VAN G
STREET ADDRESS 1111 W. SAN MARNAN DR.
CITY-ST-ZIP WATERLOO IA 50701

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME DEERY, JOHN G JR
STREET ADDRESS 6823 UNIVERSITY AVE.
CITY-ST-ZIP CEDAR FALLS IA 50613

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John G Deery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/99 319-274-6508

CR2E034 (11/98)