

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

APR 20 AM 12:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

✓ CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # **J48635** (3)

1. Corporation Name
HOME HEALTH OF CITRUS COUNTY, INC.

Principal Place of Business Mailing Address

**3333 LEE PARKWAY
SUITE 900
DALLAS TX 75219
US**

**P.O. BOX 650398
DALLAS TX 75265-0398
US**

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/18/1996** 3a. Date of Last Report **01/27/1994**

4. FEI Number **59-2052016** 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**

6. This corporation has liability for interangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CDP
NAME	GEORGE, KENNETH S.
STREET ADDRESS	3333 LEE PKWY, S900
CITY - ST - ZIP	DALLAS TX See attached list.
TITLE	VPDT
NAME	SCHLECK, THOMAS T.
STREET ADDRESS	3333 LEE PKWY, S900
CITY - ST - ZIP	DALLAS TX
TITLE	VP
NAME	RINE, THOMAS L.
STREET ADDRESS	3333 LEE PKWY, S900
CITY - ST - ZIP	DALLAS TX
TITLE	VPS
NAME	BALDWIN, STANLEY F.
STREET ADDRESS	3333 LEE PKWY, S900
CITY - ST - ZIP	DALLAS TX
TITLE	VP
NAME	WYCKOFF, RICHARD D.
STREET ADDRESS	3333 LEE PKWY, S900
CITY - ST - ZIP	DALLAS TX
TITLE	VP
NAME	LAYFIELD, MICHAEL
STREET ADDRESS	1701 W DUVAL ST
CITY - ST - ZIP	LAKE CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Philip D. Wheeler Philip D. Wheeler 4/12/95 615/298-6226

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

J48635

HOME HEALTH OF CITRUS COUNTY

OFFICERS:

President: W. Hudson Connery, Jr.
Vice-President: Richard E. Francis, Jr.
Vice-President and
Asst. Treasurer: Michael A. Koban, Jr.
Vice-President: Kenneth C. Donahey
Vice-President: James M. Fleetwood, Jr.
Vice-President: Herbert T. Williams
Vice-President: R. Milton Johnson
Vice-President and
Treasurer: Glenn D. Davis
Secretary: Philip D. Wheeler
Asst. Secretary: Linn H. McCain, III
Asst. Secretary: Michelle B. Rutta
Asst. Secretary: Diane A. Sheffield
Asst. Secretary: Donald Street
Asst. Secretary: Julia A. Trottier

DIRECTORS:

Yolanda D. Chesley
Glenn D. Davis
R. Milton Johnson

ADDRESS

4525 Harding Road
Nashville, TN 37205