

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

FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J48635 (3)  
1. Corporation Name  
HOME HEALTH OF CITRUS COUNTY, INC.



Principal Place of Business: ONE PARK PLAZA, NASHVILLE TN 32703 US  
Mailing Address: P.O. BOX 570, AFFN: TAX DEPT., NASHVILLE TN 37203-0530 US

3. Date Incorporated or Qualified: 12/18/1986  
3a. Date of Last Report: 04/29/1996  
4. FEI Number: 59-2052016  
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

2. Principal Place of Business: 21  
2a. Mailing Address: 26 PO Box 750  
22. Suite, Apt. #, etc.: 27  
23. City & State: 28 Nashville TN  
24. Zip: 25 37202 Country: 29 USA 30

9. Name and Address of Current Registered Agent  
THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P VANDEWATER, DAVID T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLAZA	1.2 NAME	
STREET ADDRESS	NASHVILLE TN 37203	1.3 STREET ADDRESS	
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE	VSD BRAUN, STEPHEN T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLAZA	2.2 NAME	
STREET ADDRESS	NASHVILLE TN 32703	2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	VTD GOLBY, DAVID C	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLAZA	3.2 NAME	Donahay, Kenneth
STREET ADDRESS	NASHVILLE TN 32703	3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	VD SCHWEINHART, RICHARD A	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLAZA	4.2 NAME	Elton, Rosalyn
STREET ADDRESS	NASHVILLE TN 32703	4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	V JOHNSON, MILTON R	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLAZA	5.2 NAME	
STREET ADDRESS	NASHVILLE TN 32703	5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	S FRANCK, JOHN M	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLAZA	6.2 NAME	
STREET ADDRESS	NASHVILLE TN 32703	6.3 STREET ADDRESS	
CITY- ST- ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. Van de Water DATE: 4/8/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE # 0476785

CR2E034 (9/96)