

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K95098

(5)

4. Corporation Name:

METRO HOME CARE, INCORPORATED

Principal Place of Business

2100 MCGREGOR BLVD.
FT. MYERS FL 33901
US

Mailing Address

2100 MCGREGOR BLVD.
FT. MYERS FL 33901
US

APPROVED
FILED

MAY -1 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/13/1989

3a. Date of Last Report
05/01/1994

4. FEI Number
58-1961066

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. 190.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. # etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. # etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**MCELREATH, JAMES M.
2100 MCGREGOR BLVD.
FT. MYERS FL 33901**

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

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

(Date)

12. OFFICERS AND DIRECTORS

12.1 NAME TITLE ADDRESS CITY, ST, ZIP	DCP SHANNON, GEORGE W. III 567 NORTH YACHTSMAN SANIBEL FL
12.2 NAME TITLE ADDRESS CITY, ST, ZIP	DV MCELREATH, JAMES M. 1445 GREBE DR PUNTA GORDA FL
12.3 NAME TITLE ADDRESS CITY, ST, ZIP	S SHANNON, JANET M. 567 NORTH YACHTSMAN SANIBEL FL
12.4 NAME TITLE ADDRESS CITY, ST, ZIP	
12.5 NAME TITLE ADDRESS CITY, ST, ZIP	
12.6 NAME TITLE ADDRESS CITY, ST, ZIP	
12.7 NAME TITLE ADDRESS CITY, ST, ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS (in %)

13.1 NAME TITLE ADDRESS CITY, ST, ZIP	☒ Change ☐ Addition 33957
13.2 NAME TITLE ADDRESS CITY, ST, ZIP	☒ Change ☐ Addition 1442 Grebe Dr. 33950
13.3 NAME TITLE ADDRESS CITY, ST, ZIP	☒ Change ☐ Addition 33957
13.4 NAME TITLE ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.5 NAME TITLE ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.6 NAME TITLE ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.7 NAME TITLE ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and shows not equally for the corporation stated in Sections 190.032, Florida Statutes. I further certify that the information included on this annual report or supplementary 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 and changed or was added thereto with an addition.

SIGNATURE

James M. McElreath

James M. McElreath

Date

4-27-95 813-7648643

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STATE OF FLORIDA
DEPARTMENT OF REVENUE
TAXATION

DOCUMENT # K95689

(1)

BOYNTON HEALTH SYSTEMS, INC.

1. Name of Corporation

2. Date of Filing

3. Office of the Secretary of State
1700 CENTRAL AVENUE, 1300
TALLAHASSEE, FLORIDA 32304-0001

4. Office of the Secretary of State
1700 CENTRAL AVENUE, 1300
TALLAHASSEE, FLORIDA 32304-0001

5. Name of Registered Agent

6. Date of Appointment

21 2828 Croasdaile Dr.

26 Attn: Tax Dept.

22

27 P.O. Box 15309

23 Durham, NC

28 Durham, NC

24 27705

25 USA

29 27704

30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81

82 Street Address

83

84

FL 85 / 9. Name and Address of New Registered Agent

11. Registered Agent's Certificate of Appointment. This certificate is required for the purpose of having the corporation's registered agent appointed. The corporation must file this certificate with the Department of Revenue, Office of the Secretary of State, Tallahassee, Florida, and the Department of Banking and Finance, Office of the Secretary of State, Tallahassee, Florida.

SIGNATURE

12.

DP
LAVERNIA, IVAN
1500 E. HILLSBORO BLVD.
DEERFIELD BEACH FL

DS
LAVERNIA, ENRIQUE
1500 E. HILLSBORO BLVD.
DEERFIELD BEACH FL

DT
LUCIBELLA, RICHARD
1800 W HILLSBORO BLVD.
DEERFIELD BEACH FL

DT
LUCIBELLA, RICHARD
1800 W HILLSBORO BLVD.
DEERFIELD BEACH FL

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DEERFIELD BEACH FL

DT
LUCIBELLA, RICHARD
1800 W HILLSBORO BLVD.
DEERFIELD BEACH FL

13.

ADDITIONAL REGISTERED AGENTS TO OFFER STOCK AND BONDS TO BE SOLD

P
Townsend, Jr., W.L. Douglas
2828 Croasdaile Dr.
Durham, NC 27705

VPAS
Frew, Jill
2828 Croasdaile Dr.
Durham, NC 27705

VPAS
Stewart, Randal J.
2828 Croasdaile Dr.
Durham, NC 27705

VPASD
Hardister, Shawn W.
2400 E. Commercial Blvd., Ste. 315
Ft. Lauderdale, FL 33308

STD
Birch, Walter E.
2400 E. Commercial Blvd., Ste. 315
Ft. Lauderdale, FL 33308

SIGNATURE:

Randy J. Stewart Randal J. Stewart

4-28-95 919-383-0355

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR