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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K95098** **(5)**

1. Corporation Name
METRO HOME CARE, INCORPORATED

Principal Place of Business	Mailing Address
2100 MCGREGOR BLVD. FT. MYERS FL 33901 US	2100 MCGREGOR BLVD. FT. MYERS FL 33901 US

3. Date Incorporated or Qualified: 06/13/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 15550 McGregor Blvd
22: Suite, Apt. #, etc.
23: City & State: Ft. Myers, FL 33908
24: Zip: 33908
25: Country: LEE

2a. Mailing Address
26: 15550 McGregor Blvd
27: Suite, Apt. #, etc.
28: City & State: Ft. Myers, FL 33908
29: Zip: 33908
30: Country: LEE

4. FEI Number: 58-1961066 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XX ☐ **$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

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

10. Name and Address of New Registered Agent

81 Name: Mark Rodgers
82 Street Address (P.O. Box Number is Not Acceptable): 15550 McGregor Blvd
83:
84 City: Ft. Myers, FL 85 Zip Code: 33908

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] 4/25/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCP SHANNON, GEORGE W. III 567 NORTH YACHTSMAN SANIBEL FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DCP George W. Shannon, III 6218 Mangrove Lane Sanibel, FL 33957	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MCELREATH, JAMES M. 1442 GRABE DRIVE PUNTA GORDA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHANNON, JANET M. 567 NORTH YACHTSMAN SANIBEL FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S Janet M. Shannon 6218 Mangrove Lane Sanibel, FL 33957	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-800-933-4528
Date Daytime Phone #