

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P27867 (1)**

1. Corporation Name  
**HOME CARE AFFILIATES, INC.**



Principal Place of Business: **9100 SHELBYVILLE RD., STE. 345 LOUISVILLE KY 40222**  
Mailing Address: **9100 SHELBYVILLE RD., STE. 345 LOUISVILLE KY 40222**

21	2. Principal Place of Business	26a	2a. Mailing Address
	<b>305 N. Hurstbourne Pkwy</b>		<b>305 N. Hurstbourne Pkwy</b>
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
	<b>Suite 120</b>		<b>Suite 120</b>
	City & State		City & State
	<b>Louisville, KY</b>		<b>Louisville, KY</b>
	Zip		Zip
	<b>40222</b>		<b>40222</b>
	Country		Country
	<b>USA</b>		<b>USA</b>

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>01/26/1990</b>	<b>02/24/1995</b>
4. FEI Number	Applied For
<b>61-1102449</b>	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when necessary)

12. OFFICERS AND DIRECTORS

TITLE	<b>CDS</b>	<input type="checkbox"/> DELETE
NAME	<b>GORDON, J. PAUL</b>	
STREET ADDRESS	<b>9100 SHELBYVILLE RD, 345</b>	
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	
TITLE	<b>PCD</b>	<input type="checkbox"/> DELETE
NAME	<b>GORDON, BLAIR S.</b>	
STREET ADDRESS	<b>9100 SHELBYVILLE RD, 345</b>	
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GEARY, RONALD G.</b>	
STREET ADDRESS	<b>1300 EMBASSY SQUARE</b>	
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FORNEAR, JAMES</b>	
STREET ADDRESS	<b>1300 EMBASSY SQUARE</b>	
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Gordon, J. Paul</b>	
13 STREET ADDRESS	<b>305 N. Hurstbourne Pkwy-Suite 120</b>	
14 CITY-ST-ZIP	<b>Louisville, KY 40222</b>	
21 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Gordon, Blair S.</b>	
23 STREET ADDRESS	<b>305 N. Hurstbourne Pkwy-Suite 120</b>	
24 CITY-ST-ZIP	<b>Louisville, KY 40222</b>	
31 TITLE	<b>TSD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>Bibb, Peter J.</b>	
33 STREET ADDRESS	<b>1000 Abernathy Rd-Bldg 400-Suite 1825</b>	
34 CITY-ST-ZIP	<b>Atlanta, GA 30328</b>	
41 TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>Shaunnessy, George D.</b>	
43 STREET ADDRESS	<b>1000 Abernathy Rd-Bldg 400-Suite 1825</b>	
44 CITY-ST-ZIP	<b>Atlanta, GA 30328</b>	
51 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>Small, Harold W.</b>	
53 STREET ADDRESS	<b>1000 Abernathy Rd-Bldg 400-Suite 1825</b>	
54 CITY-ST-ZIP	<b>Atlanta, GA 30328</b>	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 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: **Blair S. Gordon**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/1/96** 502-394-3100  
Date of Filing

CR2E034 (12/95)