

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000031422 (7)

1. Corporation Name

INTERIM HHA OF ST. AUGUSTINE, INC.



Principal Place of Business

Mailing Address

252 SOUTH PARK CIRCLE E  
SUITE 206  
ST AUGUSTINE FL 32086  
US

252 SOUTH PARK CIRCLE E  
SUITE 206  
ST AUGUSTINE FL 32086  
US

3. Date Incorporated or Qualified  
04/28/1993

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2526 Ward Boulevard  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Wilson NC  
Zip

Country

24

9. Name and Address of Current Registered Agent

NORTON, EVA  
7144 ELECTRA DRIVE  
JACKSONVILLE FL 32210

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

4. FEI Number  
59-3182292

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. 199.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

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 person or combination of registered agents for this filing

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
MORRIS, JOHN W  
313 WARD BLVD NW  
WILSON NC

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2526 Ward Blvd

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
MORRIS, LISA B  
313 WARD BLVD NW  
WILSON NC

DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

2526 Ward Blvd

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
PIPER, JUNE B  
3101 UNIVERSITY BLVD S 104  
JACKSONVILLE FL

DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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

SIGNATURE: *John W. Morris*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

John W. Morris 4/29/96 919-243-7800  
DATE DAYTIME PHONE #

CR2E034 (12/95)