

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 MAY 30 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000054850

1. Corporation Name
Rescare Home Medical Equipment, INC.

Principal Place of Business Mailing Address
**9100 Shelbyville Rd. Suite 345
Louisville, KY 40222 Same**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 City & State 28 City & State

24 City & State 29 City & State

25 City & State 30 City & State

4. FEI Number ☒ 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. 193.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT Corporation System
1200 S. Pine Island Road
Plantation FL 33324**

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 (Typed or printed name of registered agent and title if applicable)

(Typed) Registered Agent signature required when resigning

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME **DSC Gordon, J. Paul**
STREET ADDRESS **9100 Shelbyville Rd. Suite 345**
CITY ST ZIP **Louisville Ky. 40222**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME **PDC Gordon, Blair S**
STREET ADDRESS **9100 Shelbyville Rd Suite 345**
CITY ST ZIP **Louisville, Ky 40222**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME **DT Geary, Ronald G**
STREET ADDRESS **1300 Embassy Square**
CITY ST ZIP **Louisville Ky 40299**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME **DF Fathert, James R**
STREET ADDRESS **1300 Embassy Square**
CITY ST ZIP **Louisville Ky 40299**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-26-95 502 339-7025