

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 PM 12:00

DOCUMENT # V35993

(7)

1. Corporation Name

HEARTLAND HOME HEALTH CARE, INC.

Principal Place of Business

4506 LB MCLEOD RD.
SUITE F
ORLANDO FL 32811

Mailing Address

4506 LB MCLEOD RD.
SUITE F
ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/07/1992

3a. Date of Last Report

04/29/1994

4. FEI Number

59-3155850

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

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

10. Name and Address of New Registered Agent

GRIGGS, STEPHEN P.
4506 LB MCLEOD ROAD, STE F.
SUITE 880
ORLANDO FL 32811

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 the filer

(NOTE: Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME KENNEDY, WILLIAM P.
STREET ADDRESS 4506 L. B. MCLEOD ROAD STE F
CITY - ST - ZIP ORLANDO FL 32811

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☒ Change ☐ Addition

DELETE

TITLE DVP
NAME GRIGGS, STEPHEN P.
STREET ADDRESS 4506 L. B. MCLEOD ROAD STE F
CITY - ST - ZIP ORLANDO FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Pres / Asst Sec / Dir

☒ Change ☐ Addition

TITLE DS
NAME WALKER, WILLIAM A. II
STREET ADDRESS 250 PARK AVE. SOUTH
CITY - ST - ZIP WINTER PARK FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☒ Change ☐ Addition

DELETE

TITLE T
NAME IRISH, REBECCA R
STREET ADDRESS 4506 LB MCLEOD ROAD, STE F
CITY - ST - ZIP ORLANDO FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☒ Change ☐ Addition

Sec / Treas / Dir

TITLE D
NAME WILLIAMS, LEONARD
STREET ADDRESS P.O. BOX 6845 N/A
CITY - ST - ZIP ORLANDO FL 32852

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☒ Change ☐ Addition

DELETE

TITLE D
NAME WEAVER, JACK T.
STREET ADDRESS 3120 CORRIE DR
CITY - ST - ZIP ORLANDO FL 32803

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☒ Change ☐ Addition

DELETE

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 110.07(3)(b), 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 mayor 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 no address.

SIGNATURE:

REBECCA R. IRISH

2/6/95 (407) 841-2115