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 24 PM 4:17

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1990
3a. Date of Last Report: 03/04/1994
4. FEI Number: 61-1102449 ☐ 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 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

12. OFFICERS AND DIRECTORS

TITLE	CDS
NAME	GORDON, J. PAUL
STREET ADDRESS	9100 SHELBYVILLE RD, 345
CITY-ST-ZIP	LOUISVILLE KY
TITLE	PCD
NAME	GORDON, BLAIR S.
STREET ADDRESS	9100 SHELBYVILLE RD, 345
CITY-ST-ZIP	LOUISVILLE KY
TITLE	TD
NAME	GEARY, RONALD G.
STREET ADDRESS	1300 EMBASSY SQUARE
CITY-ST-ZIP	LOUISVILLE KY
TITLE	D
NAME	FORNEAR, JAMES
STREET ADDRESS	1300 EMBASSY SQUARE
CITY-ST-ZIP	LOUISVILLE KY
TITLE	~~D~~
NAME	~~TILLMAN, EUGENE~~
STREET ADDRESS	~~1200 18TH STREET~~
CITY-ST-ZIP	~~WASHINGTON, D. C.~~
TITLE	~~D~~
NAME	~~SANDFORD, HALSEY~~
STREET ADDRESS	~~1300 EMBASSY SQUARE~~
CITY-ST-ZIP	~~LOUISVILLE KY~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Change ☐ Addition
6 TITLE / NAME / STREET ADDRESS / 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] BLAIR S. GORDON 2-2-95 502-357-2025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0478142 FP