

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 505506 (6)

1. Corporation Name

COMMUNITY HOME HEALTH CARE, INC.



Principal Place of Business

12108 CORTEZ BLVD
BROOKSVILLE FL 34613

Mailing Address

12108 CORTEZ BLVD
BROOKSVILLE FL 34613

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

PADOVA, ANDREW, III
12108 CORTEZ BLVD
NEW PORT RICHEY, FL
BROOKSVILLE FL 34613

3. Date Incorporated or Qualified
06/18/1976

3a. Date of Last Report
01/18/1995

4. FEI Number
59-1676557

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

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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSD ☐ DELETE
NAME PADOVA, ANDREW, III
STREET ADDRESS 8715 INDIES AVE.
CITY-STATE-ZIP HUDSON, FL 00000

TITLE VD ☐ DELETE
NAME ORAVEC, ANDREW, JR
STREET ADDRESS 14459 COUNTY LINE RD.
CITY-STATE-ZIP BROOKSVILLE, FL 00000

TITLE PD ☐ DELETE
NAME JOHNSON, DAN
STREET ADDRESS WMTV 4601 KENNEDY BLVD.
CITY-STATE-ZIP ST PETERSBURG BH, FL 00000

TITLE TD ☒ DELETE
NAME JINKENS, JOSEPH
STREET ADDRESS 483 ROOSEVELT AVENUE
CITY-STATE-ZIP MASARKYTOWN FL

TITLE D ☐ DELETE
NAME TAYLOR, SHARON
STREET ADDRESS 13209 OLD CRYSTAL RIV RD
CITY-STATE-ZIP BROOKSVILLE, FL 00000

TITLE D ☐ DELETE
NAME LOWMAN, MATTHEW
STREET ADDRESS 13201 OLD CRYSTAL RVR RD
CITY-STATE-ZIP BROOKSVILLE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96

Date

(504) 596-1060

Daytime Phone #

CR2E034 (12/95)