

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 710471 (4)

1. Corporation Name

MID-FLORIDA HOME HEALTH SERVICES, INC.



Principal Place of Business

Mailing Address

1201 FIRST STREET SOUTH  
P.O. BOX 840  
WINTER HAVEN FL 338821201 FIRST STREET SOUTH  
P.O. BOX 840  
WINTER HAVEN FL 33882-09403. Date Incorporated or Qualified  
03/07/19663a. Date of Last Report  
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21 3425 Lake Alfred Road  
Suite, Apt. #, etc.26 P.O. Box 840  
Suite, Apt. #, etc.

4. FEI Number

59-1155094

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐Yes ☒ No

24 33881

Country

29 33882

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANASTASIO, LANCE W.  
200 AVE F NORTHEAST  
WINTER HAVEN FL 33881

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD  
NAME HUNT, LAURA  
STREET ADDRESS 803 LAKE SHORE BLVD N  
CITY-ST-ZIP LAKE WALES FL☐ DELETE1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE SD  
NAME MERVIS, LORETTA  
STREET ADDRESS 514 CYPRESS GARDENS BLVD  
CITY-ST-ZIP WINTER HAVEN FL☐ DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE CD  
NAME KOON, M.D., WILEY E.  
STREET ADDRESS 635 FIRST ST. N.  
CITY-ST-ZIP WINTER HAVEN FL☐ DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE VCD  
NAME COMPTON, MICHAEL  
STREET ADDRESS 336 VAIL DRIVE  
CITY-ST-ZIP WINTER HAVEN FL☐ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE VCD  
NAME MCASHAN, VAUGHN  
STREET ADDRESS 11 FIFTH ST NW  
CITY-ST-ZIP WINTER AHVEN FL☐ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETE6.1 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wiley E. Koon, M.D.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0054732

CR2E037 (9/96)