

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90122 032 \*\*\*\*61.25

DOCUMENT # 758943

1. Corporation Name

HEARTLAND HOME HEALTH AGENCY, INC.

Principal Place of Business

7050 GALL BLVD.  
ZEPHYRHILLS FL 33541

Mailing Address

7050 GALL BLVD.  
ZEPHYRHILLS FL 33541

\* 2 5 8 9 5 0 \*  
250955-90122-32



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/29/1981

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

59-2108057

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRIMBLE, T L  
111 N ORLANDO AVE  
WINTER PARK FL 32789

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 ☐ DELETE

NAME PD  
STREET ADDRESS NORMAN, PAUL  
CITY-ST-ZIP 7050 GALL BLVD  
ZEPHYRHILLS FL 33541

1.1 TITLE ☐ Change ☐ Addition

NAME PD

STREET ADDRESS 7050 GALL BLVD  
CITY-ST-ZIP ZEPHYRHILLS FL 33541

1.2 NAME

STREET ADDRESS 7050 GALL BLVD

CITY-ST-ZIP ZEPHYRHILLS FL 33541

1.3 STREET ADDRESS

CITY-ST-ZIP ZEPHYRHILLS FL 33541

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME TD  
STREET ADDRESS HAUGEN, DAVID  
CITY-ST-ZIP 7050 GALL BLVD  
ZEPHYRHILLS FL 33541

2.1 TITLE ☐ Change ☐ Addition

NAME TD

STREET ADDRESS 7050 GALL BLVD

CITY-ST-ZIP ZEPHYRHILLS FL 33541

2.2 NAME

STREET ADDRESS 7050 GALL BLVD

CITY-ST-ZIP ZEPHYRHILLS FL 33541

2.3 STREET ADDRESS

CITY-ST-ZIP ZEPHYRHILLS FL 33541

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME SD  
STREET ADDRESS HERNDON, JUNE M.  
CITY-ST-ZIP 7050 GALL BLVD  
ZEPHYRHILLS FL 33541

3.1 TITLE ☐ Change ☐ Addition

NAME SD

STREET ADDRESS 7050 GALL BLVD

CITY-ST-ZIP ZEPHYRHILLS FL 33541

3.2 NAME

STREET ADDRESS 7050 GALL BLVD

CITY-ST-ZIP ZEPHYRHILLS FL 33541

3.3 STREET ADDRESS

CITY-ST-ZIP ZEPHYRHILLS FL 33541

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

4.2 NAME

STREET ADDRESS

CITY-ST-ZIP

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

STREET ADDRESS

CITY-ST-ZIP

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/16/99 (813) 483-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)