

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT #

1. Corporation Name

SARASOTA MEMORIAL HOME CARE, INC.

Principal Place of Business

Mailing Address

1700 South Tamiami Trail
Sarasota, FL 34239

1700 S. Tamiami Trail
Sarasota, FL 34239

3. Date Incorporated or Qualified
3/9/82

3a. Date of Last Report
3/31/95

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-2189971

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

9. Name and Address of Current Registered Agent

Covert, Michael H.
1700 South Tamiami Trail
Sarasota, FL 34239

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 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

TITLE C/D ☐ DELETE
NAME Cobb, Phyllis
STREET ADDRESS 3239 Ramblewood Dr. N.
CITY-ST-ZIP Sarasota, FL

TITLE V/C/D ☐ DELETE
NAME Strasser, Robert K.
STREET ADDRESS 3810 Oakley Green
CITY-ST-ZIP Sarasota, FL

TITLE V/C/D ☐ DELETE
NAME Albertson, Donald L.
STREET ADDRESS 4136 Woodview Dr
CITY-ST-ZIP Sarasota, FL

TITLE T/D ☐ DELETE
NAME Phillips, Gerald M.
STREET ADDRESS 825 South T amiami Trail
CITY-ST-ZIP Venice, FL

TITLE A/T/D ☐ DELETE
NAME Moss, Martin
STREET ADDRESS 1535 Harbor Place
CITY-ST-ZIP Sarasota, FL

TITLE S/D ☐ DELETE
NAME Herbert, Robert P.
STREET ADDRESS 2905 Hermitage Blvd.
CITY-ST-ZIP Venice, FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P/D ☐ Change ☒ Addition
12 NAME Covert, Michael
13 STREET ADDRESS 1700 South Tamiami Trail
14 CITY-ST-ZIP Sarasota, FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME 500001856005
53 STREET ADDRESS -06/07/96--01073--016
54 CITY-ST-ZIP ***70.00

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Michael H. Covert

4/10/96

917-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)