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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90287 004 *2,400.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

RECEIVED

DOCUMENT # F13347

1. Corporation Name
IHS HOME CARE SERVICES OF FLORIDA, INC.

ADD 02 1999

TAX DEPARTMENT



Principal Place of Business

Mailing Address

10065 RED RUN BLVD.
OWING MILLS MD 21117
US

10065 RED RUN BLVD.
P.O. BOX 1056
OWINGS MILLS MD 21117
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1980

2. Principal Place of Business

21 2650 N. Military Trail

2a. Mailing Address

26 2714 Union Ave. Extd.

4. FEI Number

59-2052016

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 240

Suite, Apt. #, etc.

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 Boca Raton, FL

City & State

28 Memphis, TN

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 33431

Country

25 USA

Zip

29 38112

Country

30 USA

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **ELKINS, ROBERT N**
STREET ADDRESS **10065 RED RUN BLVD.**
CITY-ST-ZIP **OWINGS MILLS MD 21117**

TITLE **S** ☐ DELETE
NAME **LEVIN, MARC B**
STREET ADDRESS **10065 RED RUN BLVD.**
CITY-ST-ZIP **OWINGS MILLS MD**

TITLE **VP** ☐ DELETE
NAME **FULCHINO, MARK L**
STREET ADDRESS **10065 RED RUN BLVD.**
CITY-ST-ZIP **OWINGS MILLS MD**

TITLE **CAO** ☒ DELETE
NAME **BENNETT, BRADLEY W**
STREET ADDRESS **10065 RED RUN BLVD.**
CITY-ST-ZIP **OWINGS MILLS MD**

TITLE **SD** ☒ DELETE
NAME **ELKINS, MARSHALL**
STREET ADDRESS **10065 RED RUN BLVD**
CITY-ST-ZIP **OWINGS MILLS MD 21117**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D, Chief Executive Officer** ☒ Change ☐ Addition
1.2 NAME **Stephen H. Winters**
1.3 STREET ADDRESS **2714 Union Ave. Extd.**
1.4 CITY-ST-ZIP **Memphis, TN 38112**

2.1 TITLE **P** ☒ Change ☐ Addition
2.2 NAME **John R. Koch**
2.3 STREET ADDRESS **2714 Union Ave. Extd.**
2.4 CITY-ST-ZIP **Memphis, TN 38112**

3.1 TITLE **S** ☒ Change ☐ Addition
3.2 NAME **Michael J. Boling**
3.3 STREET ADDRESS **2714 Union Ave. Extd.**
3.4 CITY-ST-ZIP **Memphis, TN 38112**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 607, 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:

John R. Koch

John R. Koch

4/28/99

901-454-2484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)