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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000001309 (3)**

1. Corporation Name

INNOVATIVE HOMECARE, INC.

Principal Place of Business	Mailing Address
826 CREIGHTON ROAD SUITE A102 PENSACOLA FL 32504 US	826 CREIGHTON ROAD SUITE A102 PENSACOLA FL 32504 US

3. Date Incorporated or Qualified: **03/15/1994**

3a. Date of Last Report: **04/21/1995**

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number: **76-0280551** ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., SUITE 105
TALLAHASSEE FL 32301

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 title if applicable) (Title, if applicable, of officer required when submitting) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	☐ DELETE	11 TITLE	PC/D	☒ Change ☐ Addition
NAME	FISHER, MARK H		12 NAME		
STREET ADDRESS	ONE RIVERWAY #2300		13 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77056		14 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	21 TITLE	EVP/COO/D	☒ Change ☐ Addition
NAME	KALED, THOMAS J		22 NAME		
STREET ADDRESS	ONE RIVERWAY #2300		23 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77056		24 CITY-ST-ZIP		
TITLE	S	☐ DELETE	31 TITLE	****200.00	☐ Change ☐ Addition
NAME	JOHNSTON, DOUGLAS S		32 NAME		
STREET ADDRESS	ONE RIVERWAY #2300		33 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77056		34 CITY-ST-ZIP		
TITLE	TCFO	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	HORN, DAVID C		42 NAME		
STREET ADDRESS	ONE RIVERWAY #2300		43 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77056		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	CAMPOS, LUIS T MD		52 NAME		
STREET ADDRESS	920 FROSTWOOD, #780		53 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77024		54 CITY-ST-ZIP		
TITLE	C	☐ DELETE	61 TITLE	D	☒ Change ☐ Addition
NAME	ROGER S. HUNTINGTON		62 NAME	Arthur L. Rice	
STREET ADDRESS	1 RIVERWAY 2300		63 STREET ADDRESS	One Riverway, Suite 2300	
CITY-ST-ZIP	HOUSTON TX 77056		64 CITY-ST-ZIP	Houston, TX 77056	

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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)(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.

SIGNATURE: Roger S. Huntington 4/18/96 713/590-2505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Roger S. Huntington, Controller

CR2E034 (12/95)