## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F9400001309 (3) DOCUMENT # 1. Corporation Name

INNOVATIVE HOMECARE, INC.

## **FILED** May 21 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address				'a naimi alann iaita Rollik i	(Rit iab)
1 HEATHSOUTH PARKWAY P.O. BOX 380546 BIRMINGHAM AL 35243 BIRMINGHAM AL 35238						
US US	BIRMINGHAM AL 35238			DO NOT WRITE IN T	HIS SPACE	
				3. Date Incorporated or Qualified		
				03/15/1994		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Appl	ied For
21	26			76-0280551		Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Add	
City & State	City & State			e Fleation Community Figure 1	Fee Requ	
23	28			Election Campaign Financing     Trust Fund Contribution	<b>\$5.00</b> M. Added to i	
Zip Country	Zip Country			8. This corporation owes or has paid the		
24 25	29 30			Personal Property Tax due June 30. X Yes No		
9, Name and Address of Current	Registered Agent			10. Name and Address of New Register	red Agent	
CT CORPORATION SYSTEM		81	Name			
1200 SOUTH PINE ISLAND		82	Street Addi	ress (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324		83				
		03				
		84	City		FL 85 Zip Co	de
11. Pursuant to the provisions of Sections 607,0502	and 607 1508. Florida Statute	s, the above	a-named cord	poration submits this statement for the purpor	no of observed its v	egistered
office or registered agont, or both, in the State of agent. I am familiar with, and accept the obligat	f Florida. Such change was at	uthorized by	the corporat	tion's board of directors. I hereby accept the	appointment as rec	gistered
	ons or, braction dor good, Flor	ida Siatules	<b>&gt;</b> .			-
SIGNATURE Signature, typed or printed name of registered agent	and the diapplicable (NO? E	Registered Age	nt signature requir	red when reinstating) DA	TE	
12. OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE PCEO	X DELETE	1.1 TITLE	P/		☐ Change	X Addition
NAME ELLIOTT, NEAL M STREET ADDRESS 8801 HORIZON BLVD N.E.		1.2 NAME		MES P. BENNETT		;
ALDUOUSEDOLIE NIM 07440		1.3 STREET		E HEALTHSOUTH PARKWAY		Į.
TITLE SVD	X DELETE	1.4 CITY - S		RMINGHAM, AL 35243	T 66	- Large-
NAME GONZALES, CHARLES H	M Dettie	2.1 111LE 2.2 NAME		/S/D	L Change	X Addition
STREET ADDRESS 8801 HORIZON BLVD N.E.		2.3 STREET		THONY J. TANNER E HEALTHSOUTH PARKWAY		1
CITY-ST-ZIP ALBUQUERQUE NM 87113		2. 4 CITY - S		RMINGHAM, AL 35243		
TITLE CFOD	DELETE 3.1 TI		VP	/T	☐ Change	K Addition
NAME SCHOFIELD, ERNEST A	3.2 NA			CHAEL D. MARTIN		-
STREET ADDRESS 8801 HORIZON BLVD N.E.	3.3 \$11			E HEALTHSOUTH PARKWAY		I
CITY-ST-ZIP ALBUQUERQUE NM 87113		3.4. CITY - S	T-ZIP <b>B</b> I	RMINGHAM, AL 35243		
TITLE VCO	X DELETE	4.1 TITLE		AIRMAN/D	☐ Change	Addition
SOUSA, ALBERT W STREET ADDRESS 8801 HORIZON BLVD N.E.		4. 2 NAME		CHARD M. SCRUSHY		ļ
ALBUMIEROUE AND ATAKE		4.3 STREET		E HEALTHSOUTH PARKWAY		
0111-01-211		4.4 CITY - S	1-21P   <b>BI</b> .	RMINGHAM, AL 35243		
NAME SAUDER, SCOTT	DES ETE		l	MILINGHAM, AL 33243	Channe	F Addition
STREET ADDRESS 8801 HORIZON BLVD N.E.	K DEFELE	5.1 TITLE	VP		Change <b>D</b>	Addition
ALDUMIEDALE NIM 07440	K DEFELE	5.1 TITLE 5.2 NAME	ŔI	CHARD E. BOTTS	Change	Addition
THE STATE I THE COLUMN OF THE	<b>K</b> ] D€1E1E	5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS NI	CHARD E. BOTTS E HEALTHSOUTH PARKWAY	Change	Addition
TITLE VI		5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	ADDRESS NI	CHARD E. BOTTS		
ONT OF EN	K) DEFELE	5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS ON BIT	CHARD E. BOTTS E HEALTHSOUTH PARKWAY RMINGHAM, AL 35243		Addition  Addition
TITLE VI		5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE	ADDRESS ON BIT VP	CHARD E. BOTTS E HEALTHSOUTH PARKWAY		

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 corporator of the receiver or trustee oppowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed. A on an attachined with an endarged.

r/1/00