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FILED

Mar 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000000771 (4)

1. Corporation Name

PERSONACARE OF POMPANO EAST, INC.



Principal Place of Business

400 NORTHRIDGE ROAD, STE 400  
ATLANTA GA 30350

Mailing Address

400 NORTHRIDGE ROAD, STE 400  
ATLANTA GA 30350-3332

2. Principal Place of Business

21 1105 Sanctuary Pkwy.

Suite, Apt. #, etc.

22 Suite 100

City & State

23 Alpharetta, GA

Zip

24 30201

Country

25 Fulton

2a. Mailing Address

26 1105 Sanctuary Pkwy.

Suite, Apt. #, etc.

27 Suite 100

City & State

28 Alpharetta, GA

Zip

29 30201

Country

30 Fulton

3. Date Incorporated or Qualified

02/15/1995

3a. Date of Last Report

03/26/1996

4. FEI Number

65-0549911

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 STREET, STE 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          | PD                             | <input type="checkbox"/> DELETE            |
| NAME           | BARDIS, JOHN A                 |  |
| STREET ADDRESS | 400 NORTHRIDGE ROAD, STE 400   |  |
| CITY-ST-ZIP    | ATLANTA GA                     |  |
| TITLE          | VP                             | <input type="checkbox"/> DELETE            |
| NAME           | MYLL, DONALD R                 |  |
| STREET ADDRESS | 400 NORTHRIDGE ROAD, STE 400   |  |
| CITY-ST-ZIP    | ATLANTA GA                     |  |
| TITLE          | V                              | <input type="checkbox"/> DELETE            |
| NAME           | CAYCE, LAURA E                 |  |
| STREET ADDRESS | 400 NORTHRIDGE ROAD, STE 400   |  |
| CITY-ST-ZIP    | ATLANTA GA                     |  |
| TITLE          | V                              | <input checked="" type="checkbox"/> DELETE |
| NAME           | LORD, TODD                     |  |
| STREET ADDRESS | 400 NORTHRIDGE ROAD, STE 400   |  |
| CITY-ST-ZIP    | ATLANTA GA                     |  |
| TITLE          | VS                             | <input type="checkbox"/> DELETE            |
| NAME           | GLENN, JONATHAN H              |  |
| STREET ADDRESS | 400 NORTHRIDGE ROAD, STE 400   |  |
| CITY-ST-ZIP    | ATLANTA GA                     |  |
| TITLE          | AS                             | <input type="checkbox"/> DELETE            |
| NAME           | RANDALL, FREDERIC A            |  |
| STREET ADDRESS | 4875 MACARTHUR COURT, STE 1000 |  |
| CITY-ST-ZIP    | NEWPORT BEACH CA               |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS | 1105 Sanctuary Pkwy., Ste 100  |
| 1.4 CITY-ST-ZIP    | Alpharetta, GA 30201   |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS | 1105 Sanctuary Pkwy., Ste 100  |
| 2.4 CITY-ST-ZIP    | Alpharetta, GA 30201   |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS | 1105 Sanctuary Pkwy., Ste 100  |
| 3.4 CITY-ST-ZIP    | Alpharetta, Ga 30201   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS | 1105 Sanctuary Pkwy., Ste 100  |
| 5.4 CITY-ST-ZIP    | Alpharetta, GA 30201   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

14. I do 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.

SIGNATURE:

*Sandra B. Northam*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

(770) 569-1840

Date

Corporate Phone #

0012698

CR2E034 (9/96)