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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000000772 (2)

1. Corporation Name
PERSONACARE OF POMPANO WEST, 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

2a. Mailing Address

21 1105 Sanctuary Pkwy.

26 1105 Sanctuary Pkwy.

Suite, Apt #, etc.

Suite, Apt #, etc.

22 Suite 100

27 Suite 100

City & State

City & State

23 Alpharetta, GA

28 Alpharetta, GA

Zip

Zip

Country

Country

24 30201

25 Fulton

29 30201

30 Fulton

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

02/15/1995

3a. Date of Last Report

03/15/1996

4. FEI Number

65-0549925

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

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 of officer or director or registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PD
BARDIS, JOHN A
400 NORTHRIDGE ROAD, STE 400
ATLANTA GA

TITLE ☐ DELETE

NAME
VTD
MYLL, DONALD R
400 NORTHRIDGE ROAD, STE 400
ATLANTA GA

TITLE ☐ DELETE

NAME
V
CAYCE, LAURA E
400 NORTHRIDGE ROAD, STE 400
ATLANTA GA

TITLE ☐ DELETE

NAME
VS
GLENN, JONATHAN H
400 NORTHRIDGE ROAD, STE 400
ATLANTA GA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
1105 Sanctuary Pkwy., Ste. 100
Alpharetta, GA 30201

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
1105 Sanctuary Pkwy., Ste. 100
Alpharetta, GA 30201

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
1105 Sanctuary Pkwy., Ste 100
Alpharetta, GA 30201

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
1105 SAnctuary Pkwy., Ste 100
Alpharetta, GA 30201

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
AS
RANDALL, FREDERIC A.
4675 MacArthur Court, Suite 1000
Newport Beach, CA 92660

6.1 TITLE ☐ Change ☐ 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. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

(770) 569-1840

Date

Daytime Phone #

0012892

CR2E034 (9/96)