

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 OCT 28 AM 8:52

umth  
10/29

DOCUMENT # F96000000515 (4)

1. Corporation Name  
CARESOUTH HOME HEALTH SERVICES, INC.



Principal Place of Business

Mailing Address

1030 STEVENS CREEK RD  
AUGUSTA GA 33324

1030 STEVENS CREEK RD  
AUGUSTA GA 33324

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

26 691 Cherry Street

27 Suite 700

28 Macon, GA

29 31201

Country

30

USA

3. Date Incorporated or Qualified

3a. Date of Last Report

01/30/1996

4. FEI Number

Applied For

58-2198545

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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 Section 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]*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE BDC ☐ DELETE  
NAME KRUGER, STEVE  
STREET ADDRESS 279 REID ST  
CITY-ST-ZIP MACON GA 31206

TITLE D ☐ DELETE  
NAME KIMSEY, BOB  
STREET ADDRESS 691 CHERRY ST #700  
CITY-ST-ZIP MACON GA 31201

TITLE D ☐ DELETE  
NAME PAYNE, JERRY  
STREET ADDRESS 4704 S STRATFORD OAKS DR  
CITY-ST-ZIP MACON GA 31210

TITLE S ☐ DELETE  
NAME GRIFFIN, RICK W  
STREET ADDRESS 691 CHERRY ST #700  
CITY-ST-ZIP MACON GA 31201

TITLE P ☐ DELETE  
NAME CONNERS, RON PH.D.  
STREET ADDRESS 1030 STEVENS CREEK RD  
CITY-ST-ZIP AUGUSTA GA 33324

TITLE VCFO ☐ DELETE  
NAME DAY, JOHN  
STREET ADDRESS 1030 STEVENS CREEK RD  
CITY-ST-ZIP AUGUSTA GA 33324

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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 577 Mulberry Street, 12th Fl.  
5.4 CITY-ST-ZIP Macon, GA 31208

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS 577 Mulberry Street, 12th Fl.  
6.4 CITY-ST-ZIP Macon, GA 31208

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:

*[Signature]*

Sec:

CR2E034 (4/97)