

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90051 043 ***150.00

DOCUMENT # F96000000515

1. Corporation Name

CARESOUTH HOME HEALTH SERVICES, INC.

Principal Place of Business

691 CHERRY STREET
SUITE 700
MACON GA 31201

Mailing Address

691 CHERRY STREET
SUITE 700
MACON GA 31201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1996

4. FEI Number

58-2198545

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 577 Mulberry Street

Suite, Apt. #, etc.

22 Suite 1200

City & State

23 Macon, Georgia

24 Zip 31210

25 Country USA

2a. Mailing Address

26 577 Mulberry Street

Suite, Apt. #, etc.

27 Suite 1200

City & State

28 Macon, Georgia

29 Zip 31210

30 Country USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 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 see change of address
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 see change of address
CITY-ST-ZIP MACON GA 31201

TITLE P ☐ DELETE
NAME CONNERS, RON PH.D.
STREET ADDRESS 577 MULBERRY STREET 12TH FL
CITY-ST-ZIP MACON GA 31298

TITLE VCFO ☒ DELETE
NAME DAY, JOHN
STREET ADDRESS 577 MULBERRY STREET 12TH FL
CITY-ST-ZIP MACON GA 31298

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME KIMSEY, BOB
1.3 STREET ADDRESS 577 MULBERRY ST., SUITE 1200
1.4 CITY-ST-ZIP MACON, GA 31201

2.1 TITLE S ☒ Change ☐ Addition
2.2 NAME GRIFFIN, RICK W.
2.3 STREET ADDRESS 577 MULBERRY ST., SUITE 1200
2.4 CITY-ST-ZIP MACON, GA. 31210

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME JUBIER, T.J.
3.3 STREET ADDRESS 577 MULBERRY ST., SUITE 1200
3.4 CITY-ST-ZIP MACON, GA. 31210

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME MANOS, PETER
4.3 STREET ADDRESS 577 MULBERRY ST., SUITE 1200
4.4 CITY-ST-ZIP MACON, GA. 31210

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Ronald B. Connors, Pres.

1-20-99

(912) 752-0220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)