

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **F97000000874 (4)**

1. Corporation Name

**LIFE CARE AT HOME OF FLORIDA, INC.**

Principal Place of Business

**3570 KEITH ST., NW  
CLEVELAND TN 37312**

Mailing Address

**3570 KEITH ST., NW  
CLEVELAND TN 37312**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/18/1997**

4. FEI Number

**62-1669769**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

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 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 **DP** ☐ DELETE

NAME **PRESTON, FORREST L**  
STREET ADDRESS **8319 MITCHELL MILL RD.**  
CITY-ST-ZIP **00LTEWAH TN 37363**

TITLE **DVT** ☐ DELETE

NAME **O'BRIEN, JOHN P JR.**  
STREET ADDRESS **3215 EDGEWOOD CIRCLE**  
CITY-ST-ZIP **CLEVELAND TN 37312**

TITLE **S** ☐ DELETE

NAME **CLAYTON, ANGELENA Y**  
STREET ADDRESS **170 HUNTERS RUN CIRCLE, NW**  
CITY-ST-ZIP **CLEVELAND TN 37312**

TITLE **AS** ☒ DELETE

NAME **JOYNER, D. WHITTEN**  
STREET ADDRESS **9933 FROST RIDGE DR.**  
CITY-ST-ZIP **00LTEWAH TN 37363**

TITLE **AS** ☐ DELETE

NAME **CROSS, CINDY S**  
STREET ADDRESS **259 HOLLOWAY RD.**  
CITY-ST-ZIP **CLEVELAND TN 37311**

TITLE **AT** ☐ DELETE

NAME **HARRISON, PHILLIP L**  
STREET ADDRESS **4709 N. FOREST RD.**  
CITY-ST-ZIP **HIXSON TN 37343**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition

1.2 NAME **Preston, Forrest L.**  
1.3 STREET ADDRESS **220 Anatole Lane**  
1.4 CITY-ST-ZIP **Cleveland, TN 37312**

2.1 TITLE **AS** ☐ Change ☒ Addition

2.2 NAME **Arellano, Timothy B.**  
2.3 STREET ADDRESS **327 Mill Creek Trail**  
2.4 CITY-ST-ZIP **Cleveland, TN 37323**

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  
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.

Life Care at Home of Florida, Inc.

SIGNATURE: By: *[Signature]*

7/7/98 (423) 339-5161

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