

APR-28-1999 03:08

C T CORP-TEAM 3

**CORPORATION
ANNUAL REPORT
1999**



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 06, 1999 8:00 am
Secretary of State

07-06-1999 90002 035 ***150.00

DOCUMENT # F 97000000874 (4) ✓

Corporation Name

LIFE CARE AT HOME OF FLORIDA, INC.

Principal Place of Business

Mailing Address

3570 Keith Street, NW 3570 Keith Street, NW
Cleveland, TN 37312 Cleveland, TN 37312

DO NOT WRITE IN THIS SPACE

Principal Place of Business

22. Mailing Address

3. Date Incorporated or Qualified
2/18/97

4. FEI Number

Applied For

Not Applicable

62-1669769

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

Zip

Country

Zip

Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT 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

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, name or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when substituting)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

DP
Preston, Forrest L.
220 Anatole Lane
Cleveland, TN 37312

☐ DELETE

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

DVT
O'Brien, Jr., John P.
3215 Edgewood Circle, N.
Cleveland, TN 37312

☒ DELETE

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

D
O'Brien, Jr., John P.
3215 Edgewood Circle
Cleveland, TN 37312

☒ Change ☐ Addition

SV
Clayton, Angelena Y.
170 Hunters Run Circle, NW
Cleveland, TN 37312

☐ DELETE

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

☐ Change ☐ Addition

AS
Arellano, Timothy B.
327 Mill Creek Trail
Cleveland, TN 37323

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

AS
Cross Cindy, S.
259 Holloway Road
Cleveland, TN 37311

☐ DELETE

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

☐ Change ☐ Addition

AT
Harrison, Phillip L.
3570 Keith Street, NW
Cleveland, TN 37312

☐ DELETE

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

☐ Change ☐ Addition

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 in an attachment with an address, with all other like empowered.

SIGNATURE: By: *Cindy S. Cross*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cindy S. Cross, Assistant Secretary

5/6/99 (423)-473-5867

D29

Daytime Phone #

CR2E034 (11/98)

F97000000874
581635-90002-35



3570 Keith Street, NW / P.O. Box 3480 / Cleveland, Tennessee 37320-3480 / (423) 472-9585

June 30, 1999

VIA AIRBORNE EXPRESS

Florida Secretary of State
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399

RE: Life Care at Home of Florida, Inc.

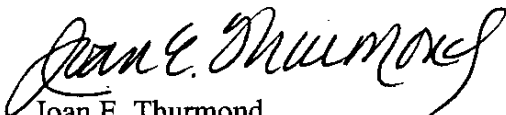
Dear Representative:

Enclosed herewith for your consideration and review is the completed annual report for the above-referenced entity. Also enclosed herewith is the entity's check in the amount of \$150.00 which represents the necessary filing fees. I would appreciate your filing the report within your office.

As our department has yet to receive the original report form from your office, please note that the annual report has been completed on a facsimile copy. We apologize for any inconvenience which this may cause you and request that all filing notices and future report forms be forwarded to my attention at the above-referenced address.

If you should have any questions and/or comments to the enclosed, please contact me at (423) 473-5868.

Sincerely,


Joan E. Thurmond
Legal Assistant

/mjr
Enclosures