

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

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**FILED**

98 JUN 15 AM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # F97000005588 (5)**

1. Corporation Name  
**CARETENDERS VISITING SERVICE OF SOUTHWEST FLORIDA A, INC.**

Principal Place of Business  
**100 MALLARD CREEK RD., STE. 400  
LOUISVILLE KY 40207**

Mailing Address  
**100 MALLARD CREEK RD., STE. 400  
LOUISVILLE KY 40207**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/23/1997**

2. Principal Place of Business  
**21 15550 M. Gregor Blvd.**

2a. Mailing Address  
**26 Suite, Apt. #, etc.**

4. FEI Number **582350224** Applied For  Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State  
**Fort Myers, FL**

28 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip **33905** 25 Country **USA**

29 Zip

30 Country

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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CCEO</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YARMUTH, WILLIAM B</b>	1.2 NAME	
STREET ADDRESS	<b>100 MALLARD CREEK RD., STE. 400</b>	1.3 STREET ADDRESS	<b>800002566548--2</b>
CITY-ST-ZIP	<b>LOUISVILLE KY 40207</b>	1.4 CITY-ST-ZIP	<b>-06/19/98--01113--006</b>
TITLE	<b>DP</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YARMUTH, MARY A</b>	2.2 NAME	
STREET ADDRESS	<b>100 MALLARD CREEK RD., STE. 400</b>	2.3 STREET ADDRESS	<b>****900.00 ****150.00</b>
CITY-ST-ZIP	<b>LOUISVILLE KY 40207</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DST</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUENTHNER, C. STEVEN</b>	3.2 NAME	
STREET ADDRESS	<b>100 MALLARD CREEK RD., STE. 400</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOUISVILLE KY 40207</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**TS 6/15**

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.

SIGNATURE \_\_\_\_\_

CF2E034 (10/97)