

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

DOCUMENT # F98000003718

1. Corporation Name
FIRST HOME CARE CORPORATION

Principal Place of Business
825 CRAWFORD PARKWAY
PORTSMOUTH VA 23704

Mailing Address
825 CRAWFORD PARKWAY
PORTSMOUTH VA 23704

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

82 Street Address (P.O. Box Number, Not Acceptable)

83

84 City

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1998

4. FEI Number

54-1782162

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

10. Name and Address of New Registered Agent

SIGNATURE

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

(NOTE: Registered Agent signature required when in change)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
P
IRBY JR, EDWARD C
240 CORPORATE BLVD
NORFOLK VA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
V
TURNER III, WILLIAM E
240 CORPORATE BLVD
NORFOLK VA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
S
NUSS, GLORIA J
240 CORPORATE BLVD
NORFOLK VA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
T
MCCARTHY, TIMOTHY D
240 CORPORATE BLVD
NORFOLK VA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
CD
DOZORETZ, RONALD I
240 CORPORATE BLVD
NORFOLK VA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

VP
Lenard J. Lexier, M.D.
240 Corporate Blvd.
Norfolk, VA 23502

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: *[Signature]* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-99 (757) 459-5200

Company Phone #

CR2E034 (11/98)

0555682

FILED

99 MAR 10 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

