

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G01612** (2)

1. Corporation Name

I.V. HOME CARE SPECIALISTS, INC.



Principal Place of Business

% WARREN A. PHILLIPS
502 NORTH MACARTHUR AVE.
PANAMA CITY FL 32401

Mailing Address

% WARREN A. PHILLIPS
502 NORTH MACARTHUR AVE.
PANAMA CITY FL 32401

3. Date Incorporated or Qualified

09/27/1982

3a. Date of Last Report

04/13/1995

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

4. FEI Number

59-2227325

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILLIPS, WARREN A.
502 NORTH MACARTHUR AVE., STE. A
PANAMA CITY FL 32401

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, not if applicable

Signature, typed or printed name of registered agent, not if applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP** ☐ DELETE
NAME **WHITE, RONALD O**
STREET ADDRESS **2349 CINCINNATI**
CITY-STATE-ZIP **PANAMA CITY, FL 00000**

TITLE **P** ☐ DELETE
NAME **PHILLIPS, WARREN A**
STREET ADDRESS **1000 SUNSET LN**
CITY-STATE-ZIP **LYNN HAVEN, FL 00000**

TITLE **S** ☐ DELETE
NAME **PHILLIPS, DENISE L**
STREET ADDRESS **1000 SUNSET LANE**
CITY-STATE-ZIP **LYNN HAVEN, FL 00000**

TITLE **T** ☐ DELETE
NAME **SAULS, DENNIS L**
STREET ADDRESS **2830 LONG LEAF**
CITY-STATE-ZIP **PANAMA CITY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

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

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

WARREN A. PHILLIPS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2796 (904) 763-6861
DATE DAY/MONTH/YEAR

CR2E034 (12/95)