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FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 2743 JENKS AVE.

27 Suite, Apt. #, etc.

28 City & State

29 PANAMA CITY, FL.

30 Zip

31 32405

Country

USA

3. Date Incorporated or Qualified

09/27/1982

4. FEI Number

59-2227325

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

2743 JENKS AVE.

83

84 City

PANAMA CITY

FL

85

Zip Code
32405

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

Warren A. Phillips PRESIDENT

2-10-98

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 VP
NAME WHITE, RONALD O
STREET ADDRESS 2349 CINCINNATI
CITY-ST-ZIP PANAMA CITY, FL 00000

TITLE P
NAME PHILLIPS, WARREN A
STREET ADDRESS 1000 SUNSET LN
CITY-ST-ZIP LYNN HAVEN, FL 00000

TITLE S
NAME PHILLIPS, DENISE L
STREET ADDRESS 1000 SUNSET LANE
CITY-ST-ZIP LYNN HAVEN, FL 00000

TITLE T
NAME SAULS, DENNIS L
STREET ADDRESS 2830 LONG LEAF
CITY-ST-ZIP PANAMA CITY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
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.

SIGNATURE:

Warren A. Phillips

2-11-98 (80) 213-2223

CR2E034 (10/97)