

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

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G59657** (8)

1. Corporation Name  
**HOME HEALTH CARE OF PENSACOLA, INC.**

Principal Place of Business Mailing Address  
**1717 N "E" STE 422 PENSACOLA FL 32501**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/14/1983** 3a. Date of Last Report **04/12/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2329251		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		24		25	
29		30		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>RANELLI, EDWARD 1717 N "E" STE 422 PENSACOLA FL 32501</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANELLI, EDWARD	1.2 NAME	
STREET ADDRESS	1717 N. "E" STREET	1.3 STREET ADDRESS	
CITY, ST, ZIP	PENSACOLA FL	1.4 CITY, ST, ZIP	
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, TINA	2.2 NAME	Vice President
STREET ADDRESS	5151 NORTH 9TH AVE	2.3 STREET ADDRESS	Richard Zeiler
CITY, ST, ZIP	PENSACOLA FL	2.4 CITY, ST, ZIP	5151 North 9th Ave PENSACOLA FL 32504
TITLE	SO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGHEE, ELEANOR	3.2 NAME	
STREET ADDRESS	1717 N E STREET	3.3 STREET ADDRESS	
CITY, ST, ZIP	PENSACOLA FL	3.4 CITY, ST, ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, MIKE	4.2 NAME	
STREET ADDRESS	5151 N. NINTH AVENUE	4.3 STREET ADDRESS	
CITY, ST, ZIP	PENSACOLA FL	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Administrator
STREET ADDRESS		5.3 STREET ADDRESS	Tina Scott
CITY, ST, ZIP		5.4 CITY, ST, ZIP	1717 North "E" St #422 PENSACOLA FL 32501
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	

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 in an attachment with an address.

SIGNATURE: *[Signature]* 1/10/95 904.432.0288  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR