

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G59657 (8)**

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



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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: **09/14/1983**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2329251**  
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: **RANELLI, EDWARD 1717 N "E" STE 422 PENSACOLA FL 32501**  
10. Name and Address of New Registered Agent (81-84) fields.

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: RANELLI, EDWARD STREET ADDRESS: 1717 N. "E" STREET CITY- ST- ZIP: PENSACOLA FL	<input type="checkbox"/> DELETE	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP	NAME: ZIELER, RICHARD STREET ADDRESS: 5151 NORTH 9TH AVE CITY- ST- ZIP: PENSACOLA FL	<input checked="" type="checkbox"/> DELETE	2. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD	NAME: MCGHEE, ELEANOR STREET ADDRESS: 1717 N E STREET CITY- ST- ZIP: PENSACOLA FL	<input type="checkbox"/> DELETE	3. TITLE: <b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD	NAME: MYERS, MIKE STREET ADDRESS: 5151 N. NINTH AVENUE CITY- ST- ZIP: PENSACOLA FL	<input type="checkbox"/> DELETE	4. TITLE: <b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: A	NAME: SCOTT, TINA STREET ADDRESS: 1717 NORTH E STREET #422 CITY- ST- ZIP: PENSACOLA FL	<input checked="" type="checkbox"/> DELETE	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	<input type="checkbox"/> DELETE	6. TITLE: <b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			7. NAME: <b>SISTER ELLEN EISENBERGER</b>
			8. STREET ADDRESS: <b>5151 N. NINTH AVENUE</b>
			9. CITY- ST- ZIP: <b>PENSACOLA, FL 32504</b>

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: *Edward Ranelli* **EDWARD RANELLI** 6/13/96 904-469-2339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)