

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 07 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 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 32501-6365**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/14/1983</b>	3a. Date of Last Report <b>06/27/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2329251</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	<b>FL</b>
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 and title, if applicable) (NOTE: Registered Agent signature required when establishing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>VICE PRESIDENT</b>
NAME	<b>RANELLI, EDWARD</b>	1.2 NAME	<b>BAILEY, NORA</b>
STREET ADDRESS	<b>1717 N. 'E' STREET</b>	1.3 STREET ADDRESS	<b>5151 NORTH NINTH AVENUE</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>	1.4 CITY-ST-ZIP	<b>PENSACOLA, FL</b>
TITLE	<b>VP</b>	2.1 TITLE	
NAME	<b>ZIELER, RICHARD</b>	2.2 NAME	
STREET ADDRESS	<b>5151 NORTH 9TH AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b>	3.1 TITLE	
NAME	<b>MCGHEE, ELEANOR</b>	3.2 NAME	
STREET ADDRESS	<b>1717 N E STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b>	4.1 TITLE	
NAME	<b>MYERS, MIKE</b>	4.2 NAME	
STREET ADDRESS	<b>5151 N. NINTH AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	
NAME	<b>EISENBERGER, SISTER ELLEN</b>	5.2 NAME	
STREET ADDRESS	<b>5151 N NINTH AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 does not qualify for the exemption stated in Section 119.07(3)(j), 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 \_\_\_\_\_ address.

SIGNATURE: *[Signature]* **ED RANELLI** 4/28/97 904-469-2339

CR2E034 (9/96)