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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G73089** (6)

1. Corporation Name

NORRELL HOME HEALTH SERVICES OF FLORIDA, INC.



Principal Place of Business

**3535 PIEDMONT RD., N.E.
ATLANTA GA 30305**

Mailing Address

**3535 PIEDMONT RD., N.E.
ATLANTA GA 30305**

3. Date Incorporated or Qualified

12/09/1983

3a. Date of Last Report

05/01/1995

4. FEI Number

58-1542338

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **AS**
STREET ADDRESS **COLDREN, KATHY**
CITY - ST - ZIP **3535 PIEDMONT ROAD NE
ATLANTA GA**

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

TITLE ☒ DELETE
NAME **T**
STREET ADDRESS **BRYAN, LARRY J.**
CITY - ST - ZIP **1580 LAZY RIVER LANE
DUNWOODY GA**

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

TITLE ☐ DELETE
NAME **VAS**
STREET ADDRESS **BRYAN, LARRY J.**
CITY - ST - ZIP **1580 LAZY RIVER LANE
DUNWOODY GA**

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

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **MILLER, C. DOUGLAS**
CITY - ST - ZIP **530 BROOK HOLLOW DRIVE
MARIETTA GA**

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

TITLE ☐ DELETE
NAME **CD**
STREET ADDRESS **MILLNER, GUY W.**
CITY - ST - ZIP **3303 CHATHAM ROAD NW
ATLANTA GA**

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

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **HAIN, MARK**
CITY - ST - ZIP **3535 PIEDMONT RD., N.E.
ATLANTA GA**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAM W. TAYLOR

4-4-96

(404) 240-3000

CR2E034 (12/95)