

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G88767** (0)

1. Corporation Name

FIRST AMERICAN HOME CARE OF FT. LAUDERDALE, INC.

Principal Place of Business

**6635 W. COMMERCIAL BLVD
SUITE 201
TAMARAC FL 33319-2192
US**

Mailing Address

**P.O. BOX 1056
ATTN: PAMEL SMITH LEGAL DEPT
BRUNSWICK GA 31521-1056
US**



2. Principal Place of Business

21 **3528 Darien Highway**

Suite, Apt. #, etc.

2a. Mailing Address

26 **3528 Darien Highway**

Suite, Apt. #, etc.

27 **Attn: Sonya Snow**

City & State

23 **Brunswick, Georgia**

City & State

28 **Brunswick, Georgia**

Zip

24 **31525**

Country

25 **USA**

Zip

29 **31525**

Country

30 **USA**

3. Date Incorporated or Qualified

03/05/1984

3a. Date of Last Report

03/06/1995

4. FEI Number

59-2439008

Applied For

Not Applicable

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

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

10. Name and Address of New Registered Agent

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
CEO	MILLS, ROBERT J.	2660 FREDERICA RD	ST SIMONS ISLAND GA	<input checked="" type="checkbox"/>
PCOD	MILLS, MARGIE B.	2660 FREDERICA RD	ST SIMONS ISLAND GA	<input checked="" type="checkbox"/>
ST	MILLS, DAVID G.	211 RIVER RIDGE RD.	BRUNSWICK GA	<input type="checkbox"/>
AS	DELOZIER, ARTHUR C.	121 RIVERWOOD RD	BRUNSWICK GA	<input checked="" type="checkbox"/>
AS	WELCH, J. ALAN	111 ROSEMONT	ST. SIMONS ISLAND GA	<input type="checkbox"/>
D	STEWART, WILLIAM H	110 DARIEN HIGHWAY	BRUNSWICK FL 31520	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
CEO	Frank Chamberlain	3528 Darien Highway	Brunswick, Georgia 31525	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CFO	Charles Consler	3528 Darien Highway	Brunswick, Georgia 31525	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Joel V. Mills	3528 Darien Highway	Brunswick, GA 31525	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 as an attachment with an address.

SIGNATURE:

J. Alan Welch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J. Alan Welch, Assistant Secretary

4/5/96
Date

(912) 264-1940
Daytime Phone #

CR2E034 (12/95)