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Apr 21 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 # **H30506** (0)
1. Corporation Name
MEDICAL CENTER HOME HEALTH CARE SERVICES, INC.



Principal Place of Business: **1617 PHYSICIANS DR
TALLAHASSEE FL 32308-4611**
Mailing Address: **1401 CENTERVILLE RD
BOX 210
TALLAHASSEE FL 32308-4647
US**

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

3. Date Incorporated or Qualified

11/20/1984

3a. Date of Last Report

04/23/1996

4. FEI Number

59-2461376

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

10. Name and Address of New Registered Agent

BUCHANAN, JOHN D., JR.
117 S GADSDEN ST
TALLAHASSEE FL 32301

81 Name

Judy S. Davis, Risk Manager

82 Street Address (P.O. Box Number is Not Acceptable)

1300 Miccosukee Road

83

84 City

Tallahassee

FL

85 Zip Code

32308

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 of the person who is the registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

4-15-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DCP
NAME: MOORE, DUNCAN
STREET ADDRESS: 1300 MICCOSUKEE
CITY, ST, ZIP: TALLAHASSEE FL

DELETE

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

Change Addition

TITLE: D
NAME: WILLIAMS, JERRY L.
STREET ADDRESS: 2002 THOMASVILLE ROAD
CITY, ST, ZIP: TALLAHASSEE FL

DELETE

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

Change Addition

TITLE: D
NAME: GIUDICE, WILLIAM A
STREET ADDRESS: 1300 MICCOSUKEE RD
CITY, ST, ZIP: TALLAHASSEE FL

DELETE

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

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

DELETE

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

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

DELETE

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

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4-1-97

Date

904 681 5238

Daytime Phone #

CR2E034 (9/96)