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FILED

May 12 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 # **H33331** (0)  
1. Corporation Name  
**HOME HEALTH CARE SERVICES, INC.**



Principal Place of Business Mailing Address  
**633 E. COLONIAL DRIVE** **633 E. COLONIAL DRIVE**  
**ORLANDO FL 32803** **ORLANDO FL 32803-4602**

3. Date Incorporated or Qualified **12/11/1984** 3a. Date of Last Report **08/12/1996**  
4. FEI Number **59-2603012** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required  
6. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution Added to Fees  
7. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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  
**PEARLMAN, CRAIG S. ESQUIRE**  
**201 S. ORANGE AVENUE**  
**SUITE 900**  
**ORLANDO FL 32801**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE ☐ DELETE  
NAME **PSD ADAMS, N. LOIS**  
STREET ADDRESS **633 E COLONIAL DR**  
CITY-ST-ZIP **ORLANDO FL**  
TITLE ☐ DELETE  
NAME **VD MURRAY, LOUIS C.**  
STREET ADDRESS **633 E COLONIAL DR**  
CITY-ST-ZIP **ORLANDO FL**  
TITLE ☒ DELETE  
NAME **VD SCHULER, THOMAS L**  
STREET ADDRESS **633 E COLONIAL DR**  
CITY-ST-ZIP **ORLANDO FL**  
TITLE ☐ DELETE  
NAME **AS GOLDBERG, MERYL**  
STREET ADDRESS **633 E. COLONIAL DR.**  
CITY-ST-ZIP **ORLANDO FL**  
TITLE ☐ DELETE  
NAME **D DE TREVILLE, BRENDA**  
STREET ADDRESS **633 E. COLONIAL DRIVE**  
CITY-ST-ZIP **ORLANDO FL**  
TITLE ☐ DELETE  
NAME **D NEWMAN, SANDRA**  
STREET ADDRESS **12003 BULLFROG CT**  
CITY-ST-ZIP **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(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

Date

Daytime Phone

0084045

CR2E034 (9/96)