

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

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

FILED

97 APR 29 PM 1:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H 83645

1. Corporation Name

Advanced Home Health Care of North West Florida, Inc.

Principal Place of Business

Mailing Address

**417 Racetrack Rd. Ste. E
Ft. Walton Beach, Fla. 32547**

SAME

3. Date Incorporated or Qualified

11-1-85

3a. Date of Last Report

4-96

2. Principal Place of Business

2a. Mailing Address

21

26

Suite Apt. #, etc.

Suite Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2609780

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

10. Name and Address of New Registered Agent

**Steven P. Espy
417 Racetrack Rd. Ste. E
Ft. Walton Beach, Fla. 32547**

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
officer 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D Mark Ehrman**
STREET ADDRESS **470 Totten Pond Rd.**
CITY-STATE-ZIP **Waltham, MA 02154**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
900002167339--8
-05/06/97-01063-017
*******165.00 *****165.00**

TITLE ☐ DELETE
NAME **D Steven P. Espy**
STREET ADDRESS **417 Racetrack Rd. Ste. E**
CITY-STATE-ZIP **Ft. Walton Beach, Fla. 32547**

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

TITLE ☐ DELETE
NAME **D Ronald White**
STREET ADDRESS **2349 Cincinnati Ave.**
CITY-STATE-ZIP **Panama City, Fla. 32405**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **D Warren A. Phillips**
STREET ADDRESS **1000 Sunset Ln.**
CITY-STATE-ZIP **Lynn Haven, Fla. 32444**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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

Warren A. Phillips

4-29-97 (904) 763-2333
Date Daytime Phone #

CR2E034 (9/96)