

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # J48647 (8)

95 JAN 17 AM 11:38

1. Corporation Name

HOME HEALTH OF LAKE COUNTY, INC.

Principal Place of Business

9044 CLASSIC COURT
ORLANDO FL 32819

Mailing Address

9044 CLASSIC COURT
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/18/1986

3a. Date of Last Report

02/17/1994

4. FEI Number

59-2052016

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUERNSEY, RONALD C.
9044 CLASSIC COURT
ORLANDO FL 32819

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 of the person appointed to be the registered agent and the corporation

DATE Registered Agent signature report when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DCP

NAME

GUERNSEY, RONALD C.

STREET ADDRESS

9044 CLASSIC COURT

CITY ST ZIP

ORLANDO FL

1.1 TITLE

DCPTS

1.2 NAME

GUERNSEY, RONALD C.

1.3 STREET ADDRESS

9044 CLASSIC COURT

1.4 CITY ST ZIP

ORLANDO, FL 32819

XX Change ☐ Addition

TITLE

DS

NAME

GUERNSEY, MARTHA J.

STREET ADDRESS

9044 CLASSIC COURT

CITY ST ZIP

ORLANDO FL

2.1 TITLE

DELETE MARTHA GUERNSEY

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

X Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in the laws 1993 (C/WR) Florida Statutes. I further certify that the information included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Ronald C. Guernsey
RONALD C. GUERNSEY

1-9-95

DATE

407-246-7700

Telephone Number