

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 # **K95096** (9)

1. Corporation Name

**FIRST AMERICAN HOME CARE OF NAPLES, INC.**



Principal Place of Business

**4949 TAMiami TrL N  
SUITE 209  
NAPLES FL 33940  
US**

Mailing Address

**3528 DARIEN HWY  
PAMELA SMITH, LEGAL DEPT.  
BURNISWICK GA 31520  
US**

3. Date Incorporated or Qualified  
**06/13/1989**

3a. Date of Last Report  
**03/06/1995**

2. Principal Place of Business

21 **3528 Darien Highway**

Suite, Apt. #, etc.

22

City & State  
**Brunswick, Georgia**

23

Zip

**31525**

Country

**USA**

24

2a. Mailing Address

26 **3528 Darien Highway**

Suite, Apt. #, etc.

**Attn: Sonya Snow**

27

City & State  
**Brunswick, Georgia**

28

Zip

**31525**

Country

**USA**

29

30

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME  
**CEOD  
MILLS, ROBERT J.**  
STREET ADDRESS  
**2660 FREDERICA ROAD  
ST SIMONS ISLAND GA**  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
**COOD  
MILLS, MARGIE B.**  
STREET ADDRESS  
**2660 FREDERICA ROAD  
ST SIMONS ISLAND GA**  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
**STD  
MILLS, DAVID G.**  
STREET ADDRESS  
**211 RIVER RIDGE ROAD  
BRUNSWICK GA**  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
**D  
DOBSON, ANGELA M.**  
STREET ADDRESS  
**505 INVERNESS CT  
ST SIMONS ISLAND GA**  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
**D  
MILLS, JOEL V.**  
STREET ADDRESS  
**125 PALMETTO COURT  
ST SIMONS ISLAND GA**  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
**AS  
WELCH, J. A**  
STREET ADDRESS  
**111 ROSEMONT  
ST. SIMONS ISLAND GA**  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME  
**CEO  
Frank Chamberlain**  
1.3 STREET ADDRESS  
**3528 Darien Highway**  
1.4 CITY-ST-ZIP  
**Brunswick, Georgia 31525**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME  
**CFO  
Charles Canlser**  
2.3 STREET ADDRESS  
**3528 Darien Highway**  
2.4 CITY-ST-ZIP  
**Brunswick, Georgia 31525**

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 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 on an attachment with an address.

SIGNATURE:

J. Allen Welch

Date

Printed Name

912-264-1940

CR2E034 (12/95)