

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90287 004 \*2,400.00

DOCUMENT # K95096

1. Corporation Name

IHS HOME CARE SERVICES OF NAPLES, INC.



Principal Place of Business

10065 RED RUN BLVD  
OWINGS MILLS MD 21117  
US

Mailing Address

10065 RED RUN BLVD  
OWINGS MILLS MD 2117  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1989

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2650 N. Military Trail

2a. Mailing Address

26 2714 Union Ave. Extd.

Suite, Apt. #, etc.

22 Suite 240

Suite, Apt. #, etc.

City & State

23 Boca Raton, FL

28 City & State  
Memphis, TN

Zip

24 33431

Country

25 USA

Zip

29 38112

Country

30 USA

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	P	<input type="checkbox"/> DELETE
NAME	ELKINS, ROBERT N	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEVIN, MARC B	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-ST-ZIP	OWINGS MILL MD 21117	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BENNETT, BRADLEY	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	FULCHINO, MARK	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELKINS, MARSHALL	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, Chief Executive Officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stephen H. Winters	
1.3 STREET ADDRESS	2714 Union Ave. Extd.	
1.4 CITY-ST-ZIP	Memphis, TN 38112	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John R. Koch	
2.3 STREET ADDRESS	2714 Union Ave. Extd.	
2.4 CITY-ST-ZIP	Memphis, TN 38112	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Michael J. Boling	
3.3 STREET ADDRESS	2714 Union Ave. Extd.	
3.4 CITY-ST-ZIP	Memphis, TN 38112	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R. Koch

4/28/99

901-454-2484

Date

Daytime Phone #

CR2E034 (1/98)