

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 09, 1999 8:00 am
Secretary of State
09-09-1999 90006 025 ***550.00

OCUMENT # **L21151**
Corporation Name

DELORDAN HOME CARE CENTER, INC.

Principal Place of Business
**400 FRUITVILLE ROAD
SARASOTA FL 34232**

Mailing Address
**4440 FRUITVILLE ROAD
SARASOTA FL 34232**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/04/1989	
4. FEI Number 65-0175166	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business 4004 Fruitville Rd		2a. Mailing Address 26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA, FL		City & State 27	
Zip 34232	Country 25 SARASOTA	Zip 29	Country 30

9. Name and Address of Current Registered Agent REINICKE, STEPHANIE A., ESQUIRE 1800 2ND ST. SUITE 803 SARASOTA FL 34236		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	
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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.

NATURE Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
ST ADDRESS	D OLUICH, DELORES 4004 FRUITVILLE RD. SARASOTA FL	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ST-ZIP			1.2 NAME		
			1.3 STREET ADDRESS		
			1.4 CITY-ST-ZIP		
ST ADDRESS	D OLUICH, DANIEL SR 4004 FRUITVILLE RD. SARASOTA FL	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ST-ZIP			2.2 NAME		
			2.3 STREET ADDRESS		
			2.4 CITY-ST-ZIP		
ST ADDRESS		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ST-ZIP			3.2 NAME		
			3.3 STREET ADDRESS		
			3.4 CITY-ST-ZIP		
ST ADDRESS		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ST-ZIP			4.2 NAME		
			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
ST ADDRESS		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ST-ZIP			5.2 NAME		
			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
ST ADDRESS		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ST-ZIP			6.2 NAME		
			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		

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.

SIGNATURE: **Delores Oluich (Delores Oluich)** **9/6/99** **(941) 371-4915**

CR2E034 (5/99)