

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 PM 12:00

DOCUMENT # **L26268** (7)
1. Corporation Name
NIGHTINGALE HOME HEALTH CARE, INC.

Principal Place of Business Mailing Address
*STEPHEN P. GRIGGS / *STEPHEN P. GRIGGS
4506 L.B. MCLEOD RD., STE. F 4506 L.B. MCLEOD RD., STE. F
ORLANDO FL 32811 ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/27/1989 3a. Date of Last Report 04/29/1994
4. FEI Number 59-2973784 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
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
GRIGGS, STEPHEN, P
4506 L.B. MCLEOD RD., SUITE F
ORLANDO FL 32811

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS
TITLE DS
NAME WALKER, WILLIAM A., II
STREET ADDRESS 250 PARK AVE. SOUTH
CITY- ST- ZIP WINTER PARK FL
TITLE DP
NAME KENNEDY, WILLIAM P.
STREET ADDRESS 4506 L.B. MCLEOD RD #F
CITY- ST- ZIP ORLANDO FL
TITLE VO
NAME GRIGGS, STEPHEN P.
STREET ADDRESS 4506 L.B. MCLEOD RD #F
CITY- ST- ZIP ORLANDO FL
TITLE T
NAME IRISH, REBECCA R.
STREET ADDRESS 4506 L B MCLEOD RD #F
CITY- ST- ZIP ORLANDO FL
TITLE D
NAME WILLIAMS, LEONARD
STREET ADDRESS P.O. BOX 6845 N/A
CITY- ST- ZIP ORLANDO FL 32852
TITLE D
NAME WEAVER, JACK T.
STREET ADDRESS 3120 CORRINE DR
CITY- ST- ZIP ORLANDO FL 32803

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE DELETE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
2.1 TITLE DELETE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
3.1 TITLE PRES/ASST SEC/DIR Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
4.1 TITLE SEC/TREAS/DIR Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
5.1 TITLE DELETE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
6.1 TITLE DELETE 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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with my address.

SIGNATURE: *Rebecca R. Irish* 2/6/95 (407) 841-2115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR REBECCA R. IRISH