Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90072 037 \*\*\*150.00

## 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** 

## DOCUMENT # L26268

1. Corporation Name

NIGHTINGALE HOME HEALTH CARE, INC.

Mailing Address MASTEPHEN PERIORS MISTERIAN PERI			,							
## MALEO RD. STE. F ORLANDO R. 28811  2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 10/27/1969  2. Principal Place of Business 2. Mailing Address 3. Sulfs, Apt. #, etc.  Sulfs, Apt.	Principal Place	of Business	Mailing Address			i illeiffii eie itera eiire	HOJO BIJOJ IPI4 BIBLI	41611 BIBIT 81511	91811 GIG11 1GG1	
ORIANDO FL 32811  ORIANDO FL 32811  ORIANDO FL 32811  ORIANDO FL 32811  3. Date incorporated or Causified 10/27/1999  2. Principal Place of Business  2. Maining Address  Sulfa, Apt. 8, etc.  Sulfa,	%STEPHEN P. GRIGGS									
2. Principal Piace of Business   2a Mailing Address   4. FEI Number   59-2973784   Suite Applied For   Sui	4506 L.B. MCLEOD RD., STE, F				DO NO	WRITE IN THIS	SPACE			
2. Principal Place of Business   2a. Maling Address   5e.   5e.   5e.   2973764   Not Applicable   Not App	ORLANDO FL 32811 ORLANDO FL 3281			r						
2. Principal Place of Business   2a. Maling Address   5e.   5e.   5e.   2973764   Not Applicable   Not App							10/27/1989			
Sulte, Apt. #, etc.   So. Certificate of Status Desired   \$8.75 Aptisional Fectors   Status Desired   Status Des	2. Principal Pl	ace of Business	2a. Mailing Address						A	pplied For
27   City & State	21		26				59-2973784			
City & State	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desi	ired 🗌		
Zip	22									
Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip		9	<b>⊢</b>	: .	.عى			ncing 🗆		
25	23   Zin	Country	<del></del>	Cour	ntrv			e current vear Ir		101 000
9. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301  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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, and a complete the obligations of, Section 607.0505, Florida Statutes, and a complete the obligations of, Section 607.0505, Florida Statutes, and a complete the obligations of, Section 607.0505, Florida Statutes, and a complete the obligations of, Section 607.0505, Florida Statutes, and a complete the obligations of, Section 607.0505, Florida Statutes, and a complete the obligations of, Section 607.0505, Florida Statutes, and a complete the obligations of, Section 607.0505, Florida Statutes, and a complete the obligations of, Section 607.0505, Florida Statutes, and a complete the obligations of the provisions to board of directors. I horeby accept the appointment as registered agent.  12.	— ·			_	,		•	ie current year ii		DMo
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301  83  84 City FL 85  85  86 City FL 85  87  87  88 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  80 Zip Co	24		_ <del></del>	<u> </u>				New Registered	l Agent	
1201 HAYS STREET TALLAHASSEE FL 32301  82  STREET ADDRESS   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 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, 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, 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, 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, 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, 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, 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, or appointment as registered agen					81	Name				
1201 HAYS STREET   12301   83	CORPORATION SERVICE COMPANY				82	Street Addre	ess (P.O. Box Number is Not A	cceptable)		
### City	Y .			Į	٦2	Street Addre				
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 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 office or registered agent, and statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DP	TALL	AHASSEE FL 32301			83		_			
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 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 office or registered agent, and statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DP				-	84	City	<del></del>		85 Zip	Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board or director's. Infereby accept the appointment as register agent and fremaliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DP				·		-			<b>-</b>     `	
12.	office or re	egistered agent, or both, in the State o	f Florida. Such change was autl	nonzed	bv t	-named corpo he corporatio	oration submits this statement to n's board of directors. I hereby	for the purpose of accept the appo	f changing its pintment as r	s registered egistered
12.	SIGNATURE	Streeture, broad or reinted game of registered agent	and title if applicable. (NOTE: R	edistered /	Agent	signature required	when reinstating)	DATE		
TITLE DP	12.							TO OFFICERS A	ND DIRECT	ORS IN 12
STREET ADDRESS   A506 L.B. MCLEOD RD #F   13.STREET ADDRESS   14.CTY.ST-ZIP   ORLANDO FL   14.CTY.ST-ZIP   ORLANDO FL   14.CTY.ST-ZIP   ORLANDO FL   14.CTY.ST-ZIP   ORLANDO FL   14.CTY.ST-ZIP   ORLANDO FL 32B11   22.NAME   32.NAME   33.STREET ADDRESS   33.STREET A	· · · · · · · · · · · · · · · · · · ·	DP	☐ DELETE	1.1 TITI	LE				Change	☐ Addition
City-St-Zip	NAME	GRIGGS, STEPHEN P.		1.2 NA	MÉ					
TITLE	STREET ADDRESS	4506 L.B. MCLEOD RD #F		1.3 STF	REET	ADDRESS				
NAME	CITY-ST-ZIP			•		-ZIP				
STREET ADDRESS   4506 L.B. MCLEOD RD., SUITE F   23 STREET ADDRESS	TITLE	VP	☐ DELETE	2.1 TIT	LE				∐ Change	☐ Addition
CITY-ST-ZIP   ORLANDO FL 32811	NAME		_							
TITLE   S	STREET ADDRESS		F	1						
NOVELL, N. SCOTT   32 NAME   33 STREET ADDRESS   4506 L.B. MCLEOD RD., SUITE F   33 STREET ADDRESS   CITY-ST-ZIP   ORLANDO FL 32811   34. CITY-ST-ZIP   TITLE   Change   Addition   Addit				1		r-ZIP		<del></del>	☐ Change	☐ Addition
STREET ADDRESS   4506 L.B. MCLEOD RD., SUITE F   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   TITLE   D			UELETE			.				_,
CITY-ST-ZIP	\ \ \ \		E	4		ADDDESS				
TITLE   D			r			1	,			
NAME   LEVIN, MARC   4.2 NAME   4.3 STREET ADDRESS   10065 RED RUN BLVD.   4.3 STREET ADDRESS   CITY-ST-ZIP   OWINGS MILLS MD 21117   4.4 CITY-ST-ZIP   TITLE   D Change   Addition   Change   Addition   Change   City-St-ZIP   CITy-St-ZIP   OWINGS MILLS MD 21117   5.3 STREET ADDRESS   CITY-ST-ZIP   OWINGS MILLS MD 21117   DELETE   CITY-ST-ZIP   Change   Addition   Change   Ch			C) DELETE			1-ZIP			☐ Change	Addition
10065 RED RUN BLVD.   4.3 STREET ADDRESS   4.4 CITY-ST-ZIP   OWINGS MILLS MD 21117   Addition			C) Decere						_ ,	_
CITY-ST-ZIP		<del></del>				ADDDESS				
TITLE   D										
NAME			□ DELETE	_		- <u>ur</u>			☐ Change	☐ Addition
STREET ADDRESS 10065 RED RUN BLVD.  CITY-ST-ZIP OWINGS MILLS MD 21117  TITLE  5.3 STREET ADDRESS 5.4 CITY-ST-ZIP  6.1 TITLE  CANAME	1 1	_							_ •	
CHY-ST-ZIP	\			4		ADDRESS				
TITLE   DELETE   6.1 TITLE   Change   Addition	]									
CONANG		CTTHIOG MILLS MID 21117	DELETE						☐ Change	Addition
IVVIIL I	NAME			6.2 NA	ME					

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP