

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L33149 (0)

1. Corporation Name

PAVILION HOME HEALTHCARE, INC.

Principal Place of Business

Mailing Address

**C/O WILLIAM C. MASON
800 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207**

**C/O WILLIAM C. MASON
800 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/01/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2988374	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.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	25. Zip
29. Country	30. Zip

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH HULSEY & BUSEY
1800 FIRST UNION NATIONAL BANK BLDG
225 WATER STREET
JACKSONVILLE FL 32202**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	PARRETT, DONALD O.	1.2 NAME	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 901	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, CAROL C.	2.2 NAME	
STREET ADDRESS	800 PRUDENTIAL DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, CAROLYN	3.2 NAME	
STREET ADDRESS	800 PRUDENTIAL DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BURGHARDT, JOSEPH P.	4.2 NAME	
STREET ADDRESS	838 PRUDENTIAL DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	PERRY, LINDA	5.2 NAME	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 901	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	5.4 CITY - ST - ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, REBECCA B.	6.2 NAME	
STREET ADDRESS	800 PRUDENTIAL DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an appointment with an address.

SIGNATURE:

Rebecca B. Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rebecca B. Jackson

4-25-95

904/393-2001

Date

Telephone #