

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L42956 (7)

1. Corporation Name

PAYORS HOME CARE SYSTEMS, INC.



Principal Place of Business

6103 JOHNS RD., SUITE 1  
TAMPA FL 33634

Mailing Address

6103 JOHNS RD., SUITE 1  
TAMPA FL 33634

3. Date Incorporated or Qualified

01/16/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2986305

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PINZEL, BONNIE, J  
ONE TAMPA CITY CENTER, SUITE 2700  
201 NORTH FRANKLIN ST  
TAMPA FL 33602

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 fee if applicable

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE  
NAME CARLSTEDT, JAMES J.  
STREET ADDRESS 6091 JOHNS ROAD, S-3  
CITY-ST-ZIP TAMPA FL

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 6103 JOHNS RD. #1  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME FOX, THERESA  
STREET ADDRESS 6103 JOHNS RD., #1  
CITY-ST-ZIP TAMPA FL

2.1 TITLE NO TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DTV ☐ DELETE  
NAME HENSLEY, HUGH, R  
STREET ADDRESS 6103 JOHNS RD #1  
CITY-ST-ZIP TAMPA FL

3.1 TITLE NO TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DS ☒ DELETE  
NAME SEIFERT, TAMI  
STREET ADDRESS 6103 JOHNS RD #1  
CITY-ST-ZIP TAMPA FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME WRIGHT, GLENN  
STREET ADDRESS 6103 JOHNS RD #1  
CITY-ST-ZIP TAMPA FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME ANDERSON, CARL  
STREET ADDRESS P.O. BOX 270270  
CITY-ST-ZIP TAMPA FL

6.1 TITLE NO TITLE ☒ 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)(c), 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:

*James Carlstedt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96  
Date

813-885-1312  
Daytime Phone #

CR2E034 (12/95)