

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L81501** (3)

1. Corporation Name

PFEIFFER HOME HEALTH CARE OF PENSACOLA, INC.



Principal Place of Business

**715 NORTH S STREET
PENSACOLA FL**

Mailing Address

**715 NORTH S STREET
PENSACOLA FL**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

g. Name and Address of Current Registered Agent

**PFEIFFER, M K
2501 W CERVANTES ST
PENSACOLA 32505**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

06/18/1990

3a. Date of Last Report

03/13/1995

4. FEI Number

59-3015635

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0507 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 607.0509, Florida Statutes.

SIGNATURE

(Signature of Agent or Director)

(Date)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	PFEIFFER, M. K.	
STREET ADDRESS	1545 BAYSHORE LANE	
CITY-STATE-ZIP	PENSACOLA FL	
TITLE	STD	☐ DELETE
NAME	PFEIFFER, HAZEL S.	
STREET ADDRESS	1545 BAYSHORE LANE	
CITY-STATE-ZIP	PENSACOLA FL	
TITLE	VD	☐ DELETE
NAME	SIEGEL, MARTHA C.	
STREET ADDRESS	3701 SW 84TH ST	
CITY-STATE-ZIP	GAINESVILLE FL	
TITLE	VD	☐ DELETE
NAME	MOHR, WILDA P.	
STREET ADDRESS	135 BAYSHORE DR.	
CITY-STATE-ZIP	PENSACOLA FL	
TITLE	D	☐ DELETE
NAME	SIEGEL, BRENT G	
STREET ADDRESS	3701 SW 84TH ST	
CITY-STATE-ZIP	GAINESVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(k), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
M K PFEIFFER

2-7-96 604-433-5404
Date Daytime Phone #

CR2E034 (12/95)