

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 # M21960

(3)

1. Corporation Name

DOCTORS' HOME HEALTH, INC.



Principal Place of Business

Mailing Address

8259 S DIXIE HWY
MIAMI FL 33143
US

PO BOX 380546
BIRMINGHAM AL 35238
US

3. Date Incorporated or Qualified

10/09/1985

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Two Perimeter Park South

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 Birmingham, Alabama

28

Zip Country

Zip Country

24 35243

25 US

29

30

4. FEI Number

59-2587290

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

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SO. PINE ISLAND RD.
PLANTATION FL 33324

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 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 CD ☐ DELETE
NAME SCRUSHY, RICHARD
STREET ADDRESS TWO PERIMETER PARK SOUTH
CITY- ST- ZIP BIRMINGHAM AL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP 35243

TITLE P ☐ DELETE
NAME BENNETT, JAMES P
STREET ADDRESS 2 PERIMETER PARK SOUTH
CITY- ST- ZIP BIRMINGHAM AL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP 35243

TITLE VTD ☐ DELETE
NAME BEAM, AARON JR
STREET ADDRESS TWO PERIMETER PARK SOUTH
CITY- ST- ZIP BIRMINGHAM AL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP 35243

TITLE VSD ☐ DELETE
NAME TANNER, ANTHONY J
STREET ADDRESS TWO PERIMETER PARK SOUTH
CITY- ST- ZIP BIRMINGHAM AL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP 35243

TITLE V ☐ DELETE
NAME DEVANE, DENIS
STREET ADDRESS TWO PERIMETER PARK SOUTH
CITY- ST- ZIP BIRMINGHAM AL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Michael D. Martin
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP 35243

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Richard E. Boats
6.3 STREET ADDRESS Two Perimeter Park South
6.4 CITY- ST- ZIP Birmingham, AL 35243

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(205) 967-7116

Daytime Phone #

CR2E034 (12/95)