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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25031** (8)

1. Corporation Name

HOME HEALTH PROFESSIONAL SERVICES, INC.

Principal Place of Business

Mailing Address

**600 EAST DIXIE AVE.
LEESBURG FL 34748**

**600 EAST DIXIE AVE.
LEESBURG FL 34748-5925**



3. Date Incorporated or Qualified

02/25/1988

3a. Date of Last Report

04/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBUCK, H D, JR, ESQ
610 E MAIN STREET
LEESBURG FL 34748**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☒ DELETE

NAME **GIFFIN, JAMES R.**
STREET ADDRESS **600 E DIXIE AVE**
CITY-ST-ZIP **LEESBURG FL**

TITLE **CD** ☐ DELETE

NAME **BOLIEK, R. RICHARD**
STREET ADDRESS **01403 SPRING LAKE ROAD**
CITY-ST-ZIP **FRUITLAND PARK FL**

TITLE **DST** ☐ DELETE

NAME **MCCONNELL, R. PATTON**
STREET ADDRESS **6640 WOODY COURT**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PD

DePew, Joe D.

**600 E. Dixie Avenue
Leesburg, FL 34748**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an addition with an address.

SIGNATURE:

R. Patton McConnell
Secretary/Treasurer

3/27/97

(352) 323-5002

Date

Daytime Phone # 0070155

CR2E037 (9/96)