

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
Jan 31 1996 8:00 am  
Secretary of State

**DOCUMENT # N39767 (1)**  
1. Corporation Name  
**SUNBELT HOME HEALTH CARE, INC.**



Principal Place of Business Mailing Address  
**2400 BEDFORD ROAD ORLANDO FL 32803** **2400 BEDFORD ROAD ORLANDO FL 32803**

2. Principal Place of Business 2a. Mailing Address  
21 **111 North Orlando Ave.** 26 **111 North Orlando Ave.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Winter Park, FL** 27 **Winter Park, FL**  
City & State City & State  
23 **32789-3675** 25 **Orange** 29 **32789-3675** 30 **Orange**  
Zip Country Zip Country

3. Date Incorporated or Qualified **08/14/1990** 3a. Date of Last Report **03/10/1995**  
4. FEI Number **65-0211400** 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  
**TRIMBLE, TAMARA L.**  
**2400 BEDFORD ROAD**  
**ORLANDO FL 32803**  
10. Name and Address of New Registered Agent  
81 Name **TRIMBLE, TAMARA L.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**111 North Orlando Avenue**  
83  
84 City **Winter Park** FL 85 Zip Code **32789**

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 **T.L. TRIMBLE (Jr)** **1/26/96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>BLOM, LADONNA</b> <b>5600 BEE RIDGE ROAD, STE 201</b> <b>SARASOTA FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD</b> <b>DAVIS, GREGG</b> <b>5600 BEE RIDGE ROAD, STE 201</b> <b>SARASOTA FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BLAIR, MARDIAN J.</b> <b>2400 BEDFORD ROAD</b> <b>ORLANDO FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AS</b> <b>SKILTON, GARY</b> <b>2400 BEDFORD ROAD</b> <b>ORLANDO FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AS</b> <b>BLOCK, L. M</b> <b>2400 BEDFORD ROAD</b> <b>ORLANDO FL</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: **L. Maud Block** **1/26/96** **407/975-1410**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)