


FILE NOW: FILING FEE IS \$61.25

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90009 043 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N39767 1. Corporation Name SUNBELT HOME HEALTH CARE, INC.					
Principal Place of Business 111 NORTH ORLANDO AVE. WINTER PARK FL 32789-3675 US			Mailing Address 111 NORTH ORLANDO AVE. WINTER PARK FL 32789-3675 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/14/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		65-0211400	
24		29		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TRIMBLE, TAMARA L. 111 NORTH ORLANDO AVENUE WINTER PARK FL 32789				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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLOM, LADONNA			1.2 NAME			
STREET ADDRESS	1600 TAMIAAMI TR 4 TH FL			1.3 STREET ADDRESS			
CITY-ST-ZIP	PT CHARLOTTE FL 33948			1.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, GREGG			2.2 NAME			
STREET ADDRESS	2600 TAMIAAMI TR 4TH FL			2.3 STREET ADDRESS			
CITY-ST-ZIP	PT CHARLOTTE FL 33948			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLAIR, MARDIAN J.			3.2 NAME			
STREET ADDRESS	111 NORTH ORLANDO AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL			3.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SKILTON, GARY			4.2 NAME			
STREET ADDRESS	111 NORTH ORLANDO AVENUE			4.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL			4.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLOCK, L M			5.2 NAME			
STREET ADDRESS	111 NORTH ORLANDO AVENUE			5.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				6.2 NAME	Henderschedt, Robert		
STREET ADDRESS				6.3 STREET ADDRESS	111 North Orlando Avenue		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Winter Park, FL 32789		

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *L. Mack-Blevins* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99 (407) 647-4400

Date

Daytime Phone #

CR2E037 (1/98)