FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000000971 (2)**

1. Corporation Name

EXCEL HOMECARE OPTIONS, INC.

Principal Place of Business	Mailing Address
600 ATLANTIC AVE FT PIERCE FL 34950	600 ATLANTIC AVE FT PIERCE FL 34950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1993
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-3230792 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PENDLETON, CAROL
2311 S. INDIAN RIVER DRIVE
FT PIERCE FL 34950

10. Name and Address of New Registered Agent

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 _____ DATE
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	PD	1.1 TITLE	D/PRESIDENT/CEO	☒ Change ☐ Addition
NAME	HAISLEY, RICHARD	1.2 NAME	CAROL W. PENDLETON	
STREET ADDRESS	3015 OKEECHOBEE ROAD	1.3 STREET ADDRESS	2311 S. INDIAN RIVER DRIVE	
CITY-ST-ZIP	FT PIERCE FL	1.4 CITY-ST-ZIP	FORT PIERCE, FL 34950	
TITLE	VD	2.1 TITLE	T/C	☒ Change ☐ Addition
NAME	HENDRICKSON, KEVIN	2.2 NAME	KEVIN H. HENDRICKSON	
STREET ADDRESS	341 HERNANDO STREET	2.3 STREET ADDRESS	210 ORANGE AVENUE	
CITY-ST-ZIP	FT PIERCE FL	2.4 CITY-ST-ZIP	FORT PIERCE, FL 34950	
TITLE	A	3.1 TITLE	T/C	☒ Change ☐ Addition
NAME	PENDLETON, CAROL	3.2 NAME	J. HAL ROBERTS, JR.	
STREET ADDRESS	2311 S. INDIAN RIVER DR.	3.3 STREET ADDRESS	10570 S. FEDERAL HWY.	
CITY-ST-ZIP	FT PIERCE FL	3.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE	SD	4.1 TITLE	S/T	☒ Change ☐ Addition
NAME	LOREE, R.N.	4.2 NAME	ELIZABETH A. KUHN	
STREET ADDRESS	1265 S.E. WAVE LANE	4.3 STREET ADDRESS	102 NE JETTIE TERRACE	
CITY-ST-ZIP	PORT ST. LUCIE FL	4.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34982	
TITLE	TD	5.1 TITLE		☒ Change ☐ Addition
NAME	LYNCH, RICK	5.2 NAME	DELETE	
STREET ADDRESS	415 S. 2ND STREET SUITE 200	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-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)(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.

SIGNATURE: Carol W Pendleton CAROL PENDLETON APRIL 13, 1995 407-465-0504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone)

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