

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

DOCUMENT # N93000000971 (2)

1. Corporation Name

EXCEL HOMECARE OPTIONS, INC.



Principal Place of Business

**600 ATLANTIC AVE
FT PIERCE FL 34950**

Mailing Address

**600 ATLANTIC AVE
FT PIERCE FL 34950**

3. Date Incorporated or Qualified
02/25/1993

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3230792

Applied For
Not Applicable

5. Certificate of Status Desired

☒ XX

**\$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

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

81 Name

RIVERS, SHARON A.

82 Street Address (P.O. Box Number is Not Acceptable)

913 SE 8TH AVENUE

83

84 City

OKEECHOBEE

FL

85 Zip Code
34974

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

SHARON RIVERS, PRESIDENT, CEO

(NOTE: Registered Agent signature required when reinstating)

1-17-96
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **TC KUHN, ELIZABETH A.**
STREET ADDRESS **102 NE JETTIE TERR**
CITY-ST-ZIP **PT ST LUCIE FL**

TITLE ☒ DELETE

NAME **TC HENDRICKSON, KEVIN**
STREET ADDRESS **210 ORANGE AVE**
CITY-ST-ZIP **FT PIERCE FL**

TITLE ☒ DELETE

NAME **DPCE PENDLETON, CAROL**
STREET ADDRESS **2311 S. INDIAN RIVER DR.**
CITY-ST-ZIP **FT PIERCE FL**

TITLE ☐ DELETE

NAME **TC ROBERTS, J. HAL J**
STREET ADDRESS **10570 S. FED. HWY.**
CITY-ST-ZIP **PORT ST. LUCIE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☒ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

**T/C
HAISLEY, RICHARD F.
3015 OKEECHOBEE ROAD
FORT PIERCE, FL 34947**

31 TITLE ☐ Change ☒ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

**DPCE
RIVERS, SHARON A.
913 SE 8TH AVENUE
OKEECHOBEE, FL 34974**

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(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 if changed, or on an attachment with an address.

SIGNATURE:

SHARON RIVERS, PRESIDENT/CEO

1-17-96
Date

407-465-0504
Daytime Phone #

CR2E037 (12/95)