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 MAY -1 PM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000005853 (6)**

1. Corporation Name

HOME HEALTHCARE NURSES ASSOCIATION, INC. (HHNA)

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
437 TWIN BAY DR PENSACOLA FL 32534-1350	437 TWIN BAY DR PENSACOLA FL 32534-1350

3. Date Incorporated or Qualified: **11/23/1994** | 3a. Date of Last Report:

4. FEI Number: 59-3269730 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PUETZ, BELINDA E 437 TWIN BAY DR PENSACOLA FL 32534-1350	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 _____ (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	D	11 TITLE	☐ Change ☐ Addition
NAME	Puetz, Belinda E.	12 NAME	
STREET ADDRESS	437 Twin Bay Drive	13 STREET ADDRESS	
CITY-ST-ZIP	Pensacola, FL 32534	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	Bruce, Carolyn	22 NAME	
STREET ADDRESS	4061 Vega Drive	23 STREET ADDRESS	
CITY-ST-ZIP	Lake Havasu City, AZ 86404	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	Blaha, Arlene J.	32 NAME	
STREET ADDRESS	Univ. of South Carolina	33 STREET ADDRESS	
CITY-ST-ZIP	Columbia, SC 29208	34 CITY-ST-ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	Fein, Karin B.	42 NAME	
STREET ADDRESS	80 Washington St. Ste. 206	43 STREET ADDRESS	
CITY-ST-ZIP	Poughkeepsie, NY 12601	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	Capone, Luann J.	52 NAME	
STREET ADDRESS	20600 Chagrin Boulevard, 290	53 STREET ADDRESS	
CITY-ST-ZIP	Shaker Heights, OH 44122	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Belinda E Puetz 4/25/95 904-474-1066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BELINDA E. PUETZ

007B40