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FILED

May 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000005853 (6)

1. Corporation Name

HOME HEALTHCARE NURSES ASSOCIATION, INC. (HHNA)

Principal Place of Business

437 TWIN BAY DR  
PENSACOLA FL 32534-1350

Mailing Address

437 TWIN BAY DR  
PENSACOLA FL 32534-13503. Date Incorporated or Qualified  
11/23/19943a. Date of Last Report  
02/07/1996

2. Principal Place of Business

21 7794 Grow Drive

Suite, Apt. #, etc.

22 City &amp; State

23 Pensacola, FL

24 Zip 32514

Country

25 U.S.

2a. Mailing Address

26 7794 Grow Drive

Suite, Apt. #, etc.

27 City &amp; State

28 Pensacola, FL

29 Zip 32514

Country

30 U.S.

4. FEI Number

59-3269730

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

PUETZ, BELINDA E  
437 TWIN BAY DR  
PENSACOLA FL 32534-1350

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 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

TITLE D ☐ DELETE  
NAME PUETZ, BELINDA E.  
STREET ADDRESS 437 TWIN BAY DR  
CITY-ST-ZIP PENSACOLA FLTITLE TD ☐ DELETE  
NAME BRUCE, CAROLYN  
STREET ADDRESS 4081 VEGA DR  
CITY-ST-ZIP LAKE HAVASU CITY AZTITLE PD ☐ DELETE  
NAME BLAHA, ARLENE J.  
STREET ADDRESS UNIV OF SOUTH CAROLINA  
CITY-ST-ZIP COLUMBIA SCTITLE DS ☐ DELETE  
NAME FEIN, KARIN B.  
STREET ADDRESS 80 WASHINGTON STREET, STE 206  
CITY-ST-ZIP POUGHKEEPSIE NYTITLE VP ☐ DELETE  
NAME CAPONE, LUANN J.  
STREET ADDRESS 20600 CHAGRIN BLVD #290  
CITY-ST-ZIP SHAKER HEIGHTS OHTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☒ Change ☐ Addition  
1.2 NAME Puetz, Belinda E  
1.3 STREET ADDRESS 7794 Grow Drive  
1.4 CITY-ST-ZIP Pensacola, FL 325142.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97 704-424-1066

CR2E037 (9/96)