

**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 # **N95000004819 (7)**

1. Corporation Name  
**THE HOME HEALTH ACADEMY, INC.**



Principal Place of Business	Mailing Address
7820 SOUTH HOLIDAY DRIVE SUITE 315 SARASOTA FL 34231	7820 SOUTH HOLIDAY DRIVE SUITE 315 SARASOTA FL 34231

3. Date Incorporated or Qualified <b>10/11/1995</b>	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>S9-3342110</b>	Applied For
21	26		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
23	28		
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**KOBRITZ, NICOLA C**  
7820 SOUTH HOLIDAY DRIVE  
SUITE 315  
SARASOTA FL 34231

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOBRITZ, NICOLA C</b>	1.2 NAME	
STREET ADDRESS	<b>7820 SOUTH HOLIDAY DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANAN, RUBIN</b>	2.2 NAME	
STREET ADDRESS	<b>7820 SOUTH HOLIDAY DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONSALES, ELAINE</b>	3.2 NAME	
STREET ADDRESS	<b>7820 SOUTH HOLIDAY DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Nicola C. Kobritz* **1-16-96** **813-925-9532**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)