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FILED

Feb 06 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 342317820 SOUTH HOLIDAY DRIVE  
SUITE 315  
SARASOTA FL 34231-53003. Date Incorporated or Qualified  
10/11/19953a. Date of Last Report  
03/19/1996

4. FEI Number

59-3342110

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

2. Principal Place of Business

2a. Mailing Address

21 7820 S. Holiday Dr

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 315

27 SAME

City &amp; State

City &amp; State

23 SARASOTA FL

28 SARASOTA FL

Zip

Country

Zip

Country

24 34231

25 SARASOTA

29 34231

30 SARASOTA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOBRTZ, 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME KOBRTZ, NICOLA C  
STREET ADDRESS 7820 SOUTH HOLIDAY DRIVE  
CITY-ST-ZIP SARASOTA FL 342311.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE VD  
NAME HANAN, RUBIN  
STREET ADDRESS 7820 SOUTH HOLIDAY DRIVE  
CITY-ST-ZIP SARASOTA FL 342312.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE STD  
NAME CONSALES, ELAINE  
STREET ADDRESS 7820 SOUTH HOLIDAY DRIVE  
CITY-ST-ZIP SARASOTA FL 342313.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE  
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

Date

Daytime Phone # 0080860

CF2E037 (9/96)