

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 7820 SOUTH HOLIDAY DRIVE SUITE 315 SARASOTA FL 34231 US	Mailing Address 7820 SOUTH HOLIDAY DRIVE SUITE 315 SARASOTA FL 34231
---	--

3. Date Incorporated or Qualified 10/11/1995	
4. FEI Number 59-3342110	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 7820 S. Holiday Dr Suite, Apt. #, etc. <u>Suite 315</u> City & State 23 SARASOTA Zip <u>FL 34231</u> Country 25 SARASOTA	2a. Mailing Address 26 7820 S. Holiday Dr Suite, Apt. #, etc. City & State 28 SARASOTA Zip Country 30 SARASOTA
--	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent KOBRTZ, NICOLA C 7820 SOUTH HOLIDAY DRIVE SUITE 315 SARASOTA FL 34231

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 _____ (NOTE: Registered Agent signature required when relistening) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME KOBRTZ, NICOLA C	1.1 TITLE	1.2 NAME
STREET ADDRESS 7820 SOUTH HOLIDAY DRIVE	CITY - ST - ZIP SARASOTA FL 34231	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
TITLE VD	NAME HANAN, RUBIN	2.1 TITLE	2.2 NAME
STREET ADDRESS 7820 SOUTH HOLIDAY DRIVE	CITY - ST - ZIP SARASOTA FL 34231	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE STD	NAME CONSALES, ELAINE	3.1 TITLE	3.2 NAME
STREET ADDRESS 7820 SOUTH HOLIDAY DRIVE	CITY - ST - ZIP SARASOTA FL 34231	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
TITLE VD	NAME KELLY, DAVID	4.1 TITLE	4.2 NAME
STREET ADDRESS 7820 S HOLIDAY DR #315	CITY - ST - ZIP SARASOTA FL	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY - ST - ZIP	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY - ST - ZIP	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I 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]* 3-13-98 941-925-9532

CR2E037 (10/97)