

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90113 017 ***150.00

DOCUMENT # P01479

1. Corporation Name
KIMBERLY HOME HEALTH CARE, INC.



Principal Place of Business
175 BROAD HOLLOW RD
MELVILLE NY 11747
US

Mailing Address
175 BROAD HOLLOW RD
MELVILLE NY 11747-8905
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1984

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

48-0938087

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country

Zip Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 P ☐ DELETE
NAME FUSCO, ROBERT A
STREET ADDRESS 175 BROAD HOLLOW RD
CITY-STATE-ZIP MELVILLE NY

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE DT ☐ DELETE
NAME BOELSEN, THOMAS M
STREET ADDRESS 175 BROAD HOLLOW RD
CITY-STATE-ZIP MELVILLE NY

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE S ☐ DELETE
NAME LADERROUTE, LAURIN L JR
STREET ADDRESS 175 BROAD HOLLOW RD
CITY-STATE-ZIP MELVILLE NY

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE AS ☒ DELETE
NAME DIXON, RUTH
STREET ADDRESS 10890 BENSON DRIVE
CITY-STATE-ZIP OVERLAND PARK KS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE VP ☒ DELETE
NAME LANIS, NANCY F
STREET ADDRESS 175 BROAD HOLLOW RD
CITY-STATE-ZIP MELVILLE NY

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Laurin L Laderoute Jr* LAURIN L LADERROUTE JR 4/20/99 516-844-7266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR V. P. Date Daytime Phone #

CR2E034 (11/98)