

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90098 011 ***150.00

DOCUMENT # P01479

Corporation Name
Y HOME HEALTH CARE, INC.

Place of Business

BROAD HOLLOW RD
NY 11747

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

4. FEI Number

48-0938087

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

25

29

30

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

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

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FUSCO, ROBERT A		1.2 NAME	
175 BROAD HOLLOW RD		1.3 STREET ADDRESS	
MELVILLE NY		1.4 CITY-ST-ZIP	
ST-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DT	<input type="checkbox"/> DELETE	2.2 NAME	
BOELSEN, THOMAS M		2.3 STREET ADDRESS	
175 BROAD HOLLOW RD		2.4 CITY-ST-ZIP	
MELVILLE NY		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S	<input type="checkbox"/> DELETE	3.2 NAME	
LADERROUTE, LAURIN L JR		3.3 STREET ADDRESS	
175 BROAD HOLLOW RD		3.4 CITY-ST-ZIP	
MELVILLE NY		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AS	<input checked="" type="checkbox"/> DELETE	4.2 NAME	SVP
DIXON, RUTH		4.3 STREET ADDRESS	JOHN J. COLLURA
10890 BENSON DRIVE		4.4 CITY-ST-ZIP	175 BROAD HOLLOW RD
OVERLAND PARK KS			MELVILLE NY
VP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LANIS, NANCY F		5.2 NAME	VP
175 BROAD HOLLOW RD		5.3 STREET ADDRESS	PATRICIA C. MA
MELVILLE NY		5.4 CITY-ST-ZIP	175 BROAD HOLLOW RD
	<input type="checkbox"/> DELETE		MELVILLE NY
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LAURIN L. LADERROUTE JR 4/20/99 516-844-726
V. P
JTC