

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

5-1-96 B-5619 C
(3)

DOCUMENT # P07199

1. Corporation Name

T.G.C. HOME HEALTH CARE, INC.



Principal Place of Business

2511 W. VIRGINIA AVE.
TAMPA FL 33607

Mailing Address

2511 W. VIRGINIA AVE.
TAMPA FL 33607

3. Date Incorporated or Qualified

08/23/1985

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

TRIMBLE, T. L.
2400 BEDFORD ROAD
ORLANDO FL 32803

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2764924

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

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 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

TITLE PTD ☒ DELETE
NAME ZARATE, RENE
STREET ADDRESS 2511 W. VIRGINIA AVE.
CITY-ST-ZIP TAMPA FL

TITLE VSD ☒ DELETE
NAME ZARATE, RENE J.
STREET ADDRESS 2303 SUNVIEW AVENUE
CITY-ST-ZIP VALRICO FL

TITLE VD ☒ DELETE
NAME ZARATE, JOHN D.
STREET ADDRESS 8709 MCADAM PLACE
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/D ☐ Change ☒ Addition
1.2 NAME DONALD Jernigan
1.3 STREET ADDRESS 7050 GAIL BLVD.
1.4 CITY-ST-ZIP Zephyrhills, FL. 33541

2.1 TITLE V/D ☐ Change ☒ Addition
2.2 NAME Robert Dodd
2.3 STREET ADDRESS 7050 GAIL BLVD.
2.4 CITY-ST-ZIP Zephyrhills, FL. 33541

3.1 TITLE V/P/D ☐ Change ☒ Addition
3.2 NAME DAVID HAUGEN
3.3 STREET ADDRESS 7050 GAIL BLVD.
3.4 CITY-ST-ZIP Zephyrhills, FL. 33541

4.1 TITLE S/D ☐ Change ☒ Addition
4.2 NAME Bill Wilson
4.3 STREET ADDRESS 7050 GAIL BLVD.
4.4 CITY-ST-ZIP Zephyrhills, FL. 33541

5.1 TITLE Asst. S. ☐ Change ☒ Addition
5.2 NAME Denee Hurricks
5.3 STREET ADDRESS 7050 GAIL BLVD.
5.4 CITY-ST-ZIP Zephyrhills, FL. 33541

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 607, 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 #

CR2E034 (12/95)