

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4: 17

DOCUMENT # P27867

(1)

1. Corporation Name

HOME CARE AFFILIATES, INC.

Principal Place of Business

9100 SHELBYVILLE RD., STE. 345
LOUISVILLE KY 40222

Mailing Address

9100 SHELBYVILLE RD., STE. 345
LOUISVILLE KY 40222

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1990

3a. Date of Last Report

03/04/1994

4. FET Number

61-1102449

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 of the corporation or its registered agent, or both, as applicable.

Signature of the Registered Agent, or both, as applicable.

DATE

12. OFFICERS AND DIRECTORS

TITLE	CDS
NAME	GORDON, J. PAUL
STREET ADDRESS	9100 SHELBYVILLE RD, 345
CITY, ST, ZIP	LOUISVILLE KY
TITLE	PCD
NAME	GORDON, BLAIR S.
STREET ADDRESS	9100 SHELBYVILLE RD, 345
CITY, ST, ZIP	LOUISVILLE KY
TITLE	TD
NAME	GEARY, RONALD G.
STREET ADDRESS	1300 EMBASSY SQUARE
CITY, ST, ZIP	LOUISVILLE KY
TITLE	D
NAME	FORNEAR, JAMES
STREET ADDRESS	1300 EMBASSY SQUARE
CITY, ST, ZIP	LOUISVILLE KY
TITLE	D
NAME	TILLMAN, EUGENE
STREET ADDRESS	1200-18TH STREET
CITY, ST, ZIP	WASHINGTON, D. C.
TITLE	D
NAME	SANDFORD, HALSEY
STREET ADDRESS	1300 EMBASSY SQUARE
CITY, ST, ZIP	LOUISVILLE KY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☒ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☒ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 199.032(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that the signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or its owner or holder of a controlling interest in the corporation, and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE:

BLAIR S. GORDON

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

2-2-95

502-357-7025