

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P33783 (2)

1. Corporation Name

FIRST FLORIDA HOME HEALTH, INC.



Principal Place of Business

3728 PHILLIPS HWY  
SUITE 212  
JACKSONVILLE FL 32207-6880  
US

Mailing Address

3528 DARIEN HWY  
SONYA SNOW-LEGAL DEPT  
BRUNSWICK GA 31521  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 3528 Darien Highway

27 Suite, Apt. #, etc.

27 Attn: Sonya Snow

28 City & State

28 Brunswick, Georgia

29 Zip

31525

30 Country

USA

3. Date Incorporated or Qualified

04/26/1991

3a. Date of Last Report

08/11/1995

4. FEI Number

58-1552717

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

GROETEKE, ROBERT  
1300 EXECUTIVE CENTER DRIVE, SUITE 415  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

CT Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Road

83

84 City

Plantation

FL

85

Zip Code  
33324

11. Pursuant to the provisions of Sections 607.1502 and 607.1503, 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

John J. Masters, Asst. Secretary 4/25/96

12. OFFICERS AND DIRECTORS

TITLE PDCO  
NAME MILLS, MARGIE B.  
STREET ADDRESS 2660 FREDERICA RD.  
CITY-ST-ZIP ST. SIMONS ISLAND GA ☒ DELETE

TITLE ST  
NAME MILLS, DAVID G.  
STREET ADDRESS 211 RIVER RIDGE RD  
CITY-ST-ZIP BRUNSWICK GA ☐ DELETE

TITLE CDCE  
NAME MILLS, ROBERT J.  
STREET ADDRESS 2660 FREDERICA RD  
CITY-ST-ZIP ST. SIMONS ISLAND GA ☒ DELETE

TITLE D  
NAME MILLS, JOEL V.  
STREET ADDRESS 125 PALMETTO CT.  
CITY-ST-ZIP ST. SIMONS ISLAND GA ☐ DELETE

TITLE D  
NAME DOBSON, ANGELA M.  
STREET ADDRESS 505 INVERNESS CT.  
CITY-ST-ZIP ST. SIMONS ISLAND GA ☐ DELETE

TITLE AS  
NAME WELCH, J ALAN  
STREET ADDRESS 111 ROSEMONT  
CITY-ST-ZIP ST SIMONS ISLAND GA ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chief Executive Officer ☐ Change ☒ Addition  
1.2 NAME Frank M. Chamberlain  
1.3 STREET ADDRESS 3528 Darien Highway  
1.4 CITY-ST-ZIP Brunswick, Georgia 31525

2.1 TITLE Chief Financial Officer ☐ Change ☒ Addition  
2.2 NAME Charles Cansler  
2.3 STREET ADDRESS 3528 Darien Highway  
2.4 CITY-ST-ZIP Brunswick, Georgia 31525

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

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

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

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

4/23/96 (912) 264-1940

CR2E034 (12/95)