

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000007892 (1)**

1. Corporation Name

**AT HOME HEALTH CARE OF BREVARD, INC.**

Principal Place of Business

**1800 PALM BAY ROAD, N.E.  
SUITE E  
PALM BAY FL 32905**

Mailing Address

**1800 PALM BAY ROAD, N.E.  
SUITE E  
PALM BAY FL 32905**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**02/01/1993**

3a. Date of Last Report  
**05/01/1994**

4. FEI Number  
**59-3160902**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRANCE, MICHAEL  
715 HAFTEZ STREET, NE  
PALM BAY FL 32907**

81 Name

**KRANCE, RICHARD J.**

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

**715 HAFTEZ ST NE**

83

84 City

**PALM BAY**

**FL**

85 Zip Code  
**32907**

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

*Richard J. Krance*

NOTE: Registered Agent signature required when registering.

**4/1/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**D  
KRANCE, ROBERTA  
715 HAFTEZ ST., NE  
PALM BAY FL 32907**

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**D  
KRANCE, RICHARD  
715 HAFTEZ ST., NE  
PALM BAY FL 32907**

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

*Robert L. Krance*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/95**  
Date

**407-676-4343**  
Telephone Number