

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

**APPROVED AND FILED**

**MAY -1 AM 9:55**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Suzanne B. McManam  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # P93000012798 (3)**

**1. Corporation Name:  
METRO HOME CARE-PD, INCORPORATED**

**Principal Place of Business: 2100 MCGREGOR BLVD. FT. MYERS FL 33901**  
**Mailing Address: 2100 MCGREGOR BLVD. FT. MYERS FL 33901**

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified: 03/04/1993**      **3a. Date of Last Report: 05/01/1994**  
**4. FEI Number: 65-0436503**      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. 194.032, 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**      **28**      **24**      **25**      **29**      **30**

**9. Name and Address of Current Registered Agent**  
**MCELREATH, JAMES M  
2100 MCGREGOR BLVD.  
FT. MYERS FL 33901**

**10. Name and Address of Now Registered Agent**  
**B1 Name:**  
**B2 Street Address (P.O. Box Number is Not Acceptable):**  
**B3:**  
**B4 City:** **FL** **B5 Zip Code:**

**11. Pursuant to the provisions of Sections 607.0503 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 607.0503, Florida Statutes.**

**SIGNATURE:** \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

<b>OFFICER</b>	<b>DPC SHANNON, GEORGE W III 5678 NORTH YACHTSMAN SANIBEL FL</b>
<b>OFFICER</b>	<b>DVPS MCELREATH, JAMES M 1442 GREBE DR PUNTA GORDA FL</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY, ST, ZIP</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY, ST, ZIP</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY, ST, ZIP</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY, ST, ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

<b>1. NAME</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2. NAME</b>	
<b>3. STREET ADDRESS</b>	
<b>4. CITY, ST, ZIP</b>	<b>33957</b>
<b>5. NAME</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6. NAME</b>	
<b>7. STREET ADDRESS</b>	
<b>8. CITY, ST, ZIP</b>	<b>33950</b>
<b>9. NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>10. NAME</b>	
<b>11. STREET ADDRESS</b>	
<b>12. CITY, ST, ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>13. NAME</b>	
<b>14. STREET ADDRESS</b>	
<b>15. CITY, ST, ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>16. NAME</b>	
<b>17. STREET ADDRESS</b>	
<b>18. CITY, ST, ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 111.07(3)(b), Florida Statutes. I further certify that the information included 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, the owner 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:** *James M. McElreath* **4.27.95 813-764-8843**  
**SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**