

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

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**

3. Date Incorporated or Qualified

03/04/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 15550 McGregor Blvd

Suite, Apt. #, etc.

City & State

23 Ft. Myers, FL

Zip

24 33908

Country

25 LEE

2a. Mailing Address

26 15550 McGregor Blvd

Suite, Apt. #, etc.

City & State

28 Ft. Myers, FL

Zip

29 33908

Country

30 LEE

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. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MCELREATH, JAMES M
2100 MCGREGOR BLVD.
FT. MYERS FL 33901**

10. Name and Address of New Registered Agent

81 Name

Mark Rodgers

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

15550 McGregor Blvd

83

84 City

Ft. Myers

FL

85 Zip Code

33908

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's registered agent or officer applying for the change

Signature of the registered agent (signature required when registering)

4/25/96

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPC** ☐ DELETE
NAME **SHANNON, GEORGE W III**
STREET ADDRESS **5678 NORTH YACHTSMAN**
CITY-ST-ZIP **SANIBEL FL**

TITLE **DVPS** ☐ DELETE
NAME **MCELREATH, JAMES M**
STREET ADDRESS **1442 GREBE DR**
CITY-ST-ZIP **PUNTA GORDA 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **DPC** ☒ Change ☐ Addition
12 NAME **George W. Shannon, III**
13 STREET ADDRESS **6218 Mnagrove Lane**
14 CITY-ST-ZIP **Sanibel, FL 33957**

21 TITLE **DVP** ☒ Change ☐ Addition
22 NAME **McElreath, James M.**
23 STREET ADDRESS **1442 Grebe Dr**
24 CITY-ST-ZIP **Punta Gorda, FL.**

31 TITLE **S** ☐ Change ☒ Addition
32 NAME **Janet M. Shannon**
33 STREET ADDRESS **6218 Mangrove Ln**
34 CITY-ST-ZIP **Sanibel, FL 33957**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-800-933-4528

File

Daytime Phone

CR2E034 (12/95)