

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000029099 (7)

1. Corporation Name

HOME CARE SYSTEMS OF LEESBURG, INC.

Principal Place of Business

500 WINDERLEY PL
STE. 112
MAITLAND FL 32751
US

Mailing Address

500 WINDERLEY PL
STE. 112
MAITLAND FL 32751
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/21/1993

3a. Date of Last Report
07/28/1994

4. FEI Number
59-3177664

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

21 Suite, Apt. #, etc

2a. Mailing Address

26 Suite, Apt. #, etc

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

HAGHGOU, ROBERT B
500 WINDERLEY PL.
STE. 112
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name Lichter, Hugh A
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

H. B. Haghou & Secretary/Treasurer

4/26/95

(Signature typed or printed name of registered agent and date of application)

(NOTE: Registered Agent signature required when recording)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LICHTER, HUGH A
500 WINDERLEY PL., STE. 112
MAITLAND FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
VARGA, JIM
500 WINDERLEY PL., STE. 112
MAITLAND FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HAGHGOU, ROBERT B
500 WINDERLEY PL., STE. 112
MAITLAND FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
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 110.07(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:

H. B. Haghou & Director

4/26/95 (407) 660-1144

(Signature typed or printed name of signing officer or director)