

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 10: 51

DOCUMENT # P93000050003 (1)

1. Corporation Name

FLORIDA HOME HEALTH CARE, INC.

Principal Place of Business

**8 BLASDELL COURT
PALM COURT FL 32137**

Mailing Address

**8 BLASDELL COURT
PALM COURT FL 32137**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/16/1993

3a. Date of Last Report

09/27/1994

2. Principal Place of Business

21 1715 S. DAYTONA AVE.

2a. Mailing Address

26 1715 S. DAYTONA AVE.

4. FEI Number

59-3232691

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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

22

City & State
FLAGLER BEACH, FL.

27

City & State
FLAGLER BEACH, FL.

24

Zip
32136

Country

FLAGLER

29

Zip
32136

Country

FLAGLER

9. Name and Address of Current Registered Agent

**KLEN, LOUIS
8 BLASDELL COURT
PALM COAST FL 32137**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

1715 S. DAYTONA AVE.

B3

B4

City
FLAGLER BEACH

FL

B5 Zip Code
32136

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
KLEIN, LOUIS
8 BLASDELL COURT
PALM COAST FL 32137**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**STD
FLANIGAN, RITA M
8 BLASDELL COURT
PALM COAST FL 32137**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

**1715 S. DAYTONA AVE.
FLAGLER BEACH, FL. 32136**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

**1715 S. DAYTONA AVE.
FLAGLER BEACH, FL. 32136**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

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

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change 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 110.07(3)(b), 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:

Rita M. Flanigan - Rita M. FLANIGAN 6-15-95 904-4391440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(6a)

(Type Here)

CR2E034 (3/95)