

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000059174 (1)

1. Corporation Name
HOME CARE ASSOCIATION OF AMERICA, INC.

Principal Place of Business
9570 REGENCY SQUARE BLVD.
JACKSONVILLE FL 32225

Mailing Address
9570 REGENCY SQUARE BLVD.
JACKSONVILLE FL 32225-8100

3. Date Incorporated or Qualified 08/24/1993
3a. Date of Last Report 03/14/1996

4. FEI Number 59-3201386
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

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CENAC, DWIGHT
9570 REGENCY SQUARE BLVD.
JACKSONVILLE FL 32225

81 Name

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

Signature type (exempted name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	CENAC, DWIGHT	
STREET ADDRESS	9570 REGENCY SQUARE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, COLIN	
STREET ADDRESS	9570 REGENCY SQUARE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUARK, PATRICIA	
STREET ADDRESS	2401 WAYNE ROAD	
CITY-ST-ZIP	WESTLAND MI 48188	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DE FAZIO, BEVERLY	
STREET ADDRESS	RD. #1, EDISON	
CITY-ST-ZIP	UNIONTOWN PA 15401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACKSON, PAULETTE	
STREET ADDRESS	1718 WOODDALE BLVD., SUITE A & B	
CITY-ST-ZIP	BATON ROUGE LA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GABBERT, JOHN	
STREET ADDRESS	500 E. HOUSTON	
CITY-ST-ZIP	PARIS TX 75461	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mercedes Hardy	
1.3 STREET ADDRESS	215 West Highway 31	
1.4 CITY-ST-ZIP	Malakoff, TX. 75148	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	William L. Deary III	
2.3 STREET ADDRESS	2012 East Michigan Avenue	
2.4 CITY-ST-ZIP	Jackson, MI. 49262	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Stephen R. Money	
3.3 STREET ADDRESS	4608 South Garnett	
3.4 CITY-ST-ZIP	Tulsa, OK. 74146	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Roselyn Argyle	
4.3 STREET ADDRESS	1475 S. Washington	
4.4 CITY-ST-ZIP	Saginaw, MI. 48601	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

DWIGHT CENAC

Date

4/16/97

(904)

725-7100

Daytime Phone #

CR2E034 (9/96)