

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 8:25

DOCUMENT # P93000064439 (1)

1. Corporation Name

HOME PATIENT CARE, INC.

Principal Place of Business

**3901 SW 47TH AVENUE
SUITE 405
FT LAUDERDALE FL 33314**

Mailing Address

**3901 SW 47TH AVENUE
SUITE 405
FT LAUDERDALE FL 33314**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/09/1993

3a. Date of Last Report

02/08/1994

4. FEI Number

65-0436123

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

JANE

2a. Mailing Address

2b

JANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23

27 City & State

28

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**CARPENTER, KARON
3901 SW 47TH AVENUE
SUITE 405
FT LAUDERDALE FL 33314**

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
MIRRA, RAYMOND A
ONE HOOK RD
SHARON HILL PA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
CARPENTER, KARON
3901 SW 47TH ST SUITE 405
FT LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
MOHNACS, JOHN P
4956 FITLER ST
PHILA PA**

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition
Vice President

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☒ Change ☐ Addition
**KEVIN D. STEPANUK
14 BIRCHALL DRIVE
HADDONFIELD, NJ 08033**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☒ Change ☐ Addition
John P. MOHNACS

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ 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 119.07(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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with additions.

SIGNATURE:

Signature and typed or printed name of signing officer or director

John P. Mohnacs, Secretary

Date

Daytime Phone

4/3/95 610 586 8514