FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 20 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 # p - 93000064439

1. Corporation Name
HOME PATIENT CARE, INC., A Florida Corporation

[redacted]

Principal Place of Business	Mailing Address
	1 HOOK RD SHARON HILL PA 19079-1013 US

2. Principal Place of Business 21 3901 S.W. 47th Avenue	2a. Mailing Address 26 One Hook Road	3. Date Incorporated or Qualified 9/9/93	3a. Date of Last Report 4/96
Suite, Apt. #, etc. 22 #405	Suite, Apt. #, etc. 27	4. FEI Number 66-0436123	☐ Applied For ☐ Not Applicable
City & State 23 Fort Lauderdale, FL	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 33314 / Country 25 USA	Zip 29 / Country 30	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	10. Name and Address of New Registered Agent
CARPENTER, KARON 3901 SOUTH WEST 47TH AVENUE SUITE 405 FORT LAUDERDALE FL 33314	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 _____ DATE
Signature, type or print name of officer or registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS OR CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D ☐ DELETE	1.1 TITLE	DP ☒ Change ☒ Addition
1.2 NAME	MIRRA, RAYMOND A JR.	1.2 NAME	Raymond A. Mirra, Jr.
1.3 STREET ADDRESS	3901 SOUTH WEST 47TH AVENUE	1.3 STREET ADDRESS	2932 North Atlantic Blvd.
1.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33314	1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308
2.1 TITLE	☐ DELETE	2.1 TITLE	VP ☐ Change ☒ Addition
2.2 NAME		2.2 NAME	Kevin D. Stepanuk
2.3 STREET ADDRESS		2.3 STREET ADDRESS	One Hook Road
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	Sharon Hill, PA 19079
3.1 TITLE	☐ DELETE	3.1 TITLE	S ☐ Change ☒ Addition
3.2 NAME		3.2 NAME	John P. Mohnacs
3.3 STREET ADDRESS		3.3 STREET ADDRESS	One Hook Road
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	Sharon Hill, PA 19079
4.1 TITLE	☐ DELETE	4.1 TITLE	T ☐ Change ☒ Addition
4.2 NAME		4.2 NAME	Victor Battaglia
4.3 STREET ADDRESS		4.3 STREET ADDRESS	One Hook Road
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	Sharon Hill, PA 19079
5.1 TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
6.2 NAME		6.2 NAME	800002200708
6.3 STREET ADDRESS		6.3 STREET ADDRESS	-06/04/97--01004--025
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

4/5/20/97

CR2E034 (9/96)

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.

Kevin D. Stepanuk 4/23/97 610-586-8514