

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000016703 (8)

1. Corporation Name

PRO-CARE HOME HEALTH OF BROWARD, INC.

FILED

97 NOV -3 PM 12: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

10 FAIRWAY DR  
SUITE S-219  
DEERFIELD BEACH FL 33441  
US

Mailing Address

10 FAIRWAY DR  
SUITE S-219  
DEERFIELD BEACH FL 33441-1812  
US

Corporate Office - Tax

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 100 Mallard Creek Rd.

Suite, Apt. #, etc.

27 # 400

City & State

28 Louisville, KY

Zip

29 40207

Country

30 Jefferson

3. Date Incorporated or Qualified

02/28/1994

3a. Date of Last Report

05/30/1996

4. FET Number

65-0475107

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.03?  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GALLAND, FREDRICK L  
3610 BRIDGEWOOD DR  
621 NORTHWEST 53RD STREET  
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name

CT Corporation Systems

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

1200 South Pine Island Rd.

83

84 City

Plantation

FL

85 Zip Code

33324

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

Monica Mahon

Monica Mahon

Assistant Secretary

10-29-97

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-ST-ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2.5 TITLE

2.6 NAME

2.7 STREET ADDRESS

2.8 CITY-ST-ZIP

2.9 TITLE

2.10 NAME

2.11 STREET ADDRESS

2.12 CITY-ST-ZIP

2.13 TITLE

2.14 NAME

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2.16 CITY-ST-ZIP

2.17 TITLE

2.18 NAME

2.19 STREET ADDRESS

2.20 CITY-ST-ZIP

2.21 TITLE

2.22 NAME

2.23 STREET ADDRESS

2.24 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE

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1.20 CITY-ST-ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 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

X [Signature]

[Signature]

[Signature]

CR2E034 (9/96)

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## *CAREtenders*®

Caretenders HealthCorp  
100 Mallard Creek Road  
Louisville, KY 40207

October 28, 1997

Florida Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

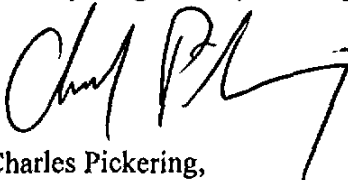
Leslie Sellers:

Thank you for receiving my phone call on October 28, 1997 and providing guidance on the reinstatement process. To recap our discussion; we purchased the Florida corporation ProCare Home Health of Broward, Inc. and filed an Annual Report along with a check for \$550. I received a notice on August 21, requesting the signature of our new registered agent in Florida, which I then forwarded for appropriate action. I then received the notice back on my desk due to an inaccurate mailing address for our registered agent.

That is when I called and spoke to you. I reached our registered agent in Florida by phone on the same day and mailed them the notice and annual report overnight. You should receive the signed report and this letter within a week.

I hope reinstatement will then occur smoothly and I promise that next year this will not happen. If you need any further assistance, please call me at (502)891-1059.

Thank you again for your cooperation,



Charles Pickering,  
Tax Manager