

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
VICTORIA B. ADAMS
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1995 APR 13

DOCUMENT # P94000021986

1. Corporation Name

HOME PATIENT CARE, INC. (Tampa)

Principal Place of Business

Mailing Address

570 Thompson Center
6304 Benjamin Rd
Tampa, FL 33634

Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

3-18-94

4. FEI Number

59-3230532

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

28. Zip

24. Country

29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Home Patient Care, Inc.
3901 SW 47th Avenue
Suite 405
Fort Lauderdale, FL 33311

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 (Must be printed name of the registered agent and the corporation)

11.05 Registered Agent Signature Required (Not for use)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE
NAME
2. STREET ADDRESS
CITY, ST, ZIP
PO
MIRRA, RAYMOND A
ONE HOOK RD
SHARON HILL PA
(President)
(Director)

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

1. TITLE
NAME
2. STREET ADDRESS
CITY, ST, ZIP
STEPANUK, Kevin D. (Vice Pres)
14 Birchall Drive
Haddenfield, NJ 08033

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

10000145 P901
-04/17/95--01006--006
****200.00 ****200.00

1. TITLE
NAME
2. STREET ADDRESS
CITY, ST, ZIP
Mohracs, John P.
4956 FITLER ST
PHILA PA

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

1. TITLE
NAME
2. STREET ADDRESS
CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

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CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

1. TITLE
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1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

TAM
4/14/95

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. I am an officer or director of the corporation or the registered agent having empowerment to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE:

SIGNATURE AND TYPE (PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

John P. Mohracs, Secretary

HPC AMERICA INC.

The Home Patient Care Companies

One Hook Road
P.O. Box 1188
Sharon Hill, PA 19079
610-586-8514
FAX: 610-586-4243

April 3, 1995

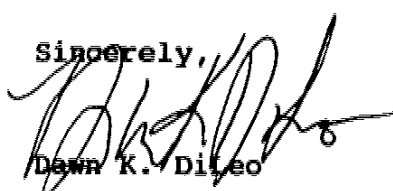
Annual Report Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 6327

RE: Home Patient Care, Inc. (Tampa)
Corporation Annual Report

To Whom it May Concern:

Please find the enclosed corporation annual report form for Home Patient Care, Inc. (Tampa) along with a check in the amount of \$200.00 made payable to the Florida Secretary of States's Office. If you need any further information, please give me a call at (610) 586-8514.

Sincerely,



Dawn K. Dileo

enclosure