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FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000041812 (6)

1. Corporation Name  
PRO-CURE SUN, INC.

Principal Place of Business

710 24TH PLACE SW  
SUITE 1  
VERO BEACH FL 32962

Mailing Address

710 24TH PLACE SW  
SUITE 1  
VERO BEACH FL 32962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1994

4. FEI Number

65-0505161

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

BAILEY, COLEEN J  
710 24TH PLACE SW  
SUITE 1  
VERO BEACH FL 32962

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BAILEY, COLEEN J  
STREET ADDRESS 710 24TH PLACE SW  
CITY-ST-ZIP VERO BEACH FL 32962

TITLE VD  
NAME AMERIKANOS, PRISCILLA  
STREET ADDRESS 5050 HAMILTON ROAD  
CITY-ST-ZIP VERO BEACH FL 32968

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

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

14. I 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.

CR2E034 (10/97)

**PROCURE SUN, INC.**

**Annual Meeting, 3/30/98**

**Members Present:** Coleen Bailey, Pres.  
Priscilla Amerikanos, Vice Pres.  
Marilyn Palmer, Board Member  
Shella Gomez, Board Member  
Belinda Setzer, Board Member

**Topic: Business Development 1998 -1999**

**Discussion:** Members present brainstormed ideas of growing business in Homecare; results:  
Consultation for JCAHO  
Consultation, Integration, and Implementation of OASIS  
Yearly Continuing Education Plans for Agencies  
Home Health Aide education, including self studies  
Licensed Professional Nurse education, including self studies  
Orientation and mandatory education  
Blood Borne Pathogen Training  
Specialty Programs  
Case Manager Certification Programs  
Clinical Pathways

**Action:** All of the above have been developed or are to be developed within the next quarter.  
Plan to place completed self studies in a portfolio for presentation  
Have examples of other programs; ie outlines and objectives for presentation.

**Topic: Marketing**

**Discussion:** Advertising campaign to be implemented along with changes in homecare reimbursement; marketing to agencies to reduce overhead.

**Action:** Initial mail out of postcards the last week in April to all Florida Home Health Agencies. Postcards to include results of brainstorming to display available services.

**Addresses for Florida agencies to be obtained from AHHIF.  
Research to be completed in Kansas re: education need in homecare,  
SNU, Nursing Homes, and Medical offices.**

**Topic: Self Studies**

**Discussion: All home health aide self studies are completed; each to be reviewed  
for completeness, up to date information and accuracy. HIV AIDS  
update to be written in entirety, targeted for all staff. Bloodborne  
Pathogen also to be written.**

**Action: Complete the above tasks by June 98.**

**Respectfully submitted:**

A handwritten signature in cursive script that reads "Coleen Bailey". The signature is written in dark ink and is positioned above the printed name.

**Coleen Bailey, RN, MA, CCRN, President Pro Cure Sun, Inc.**