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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90013 027 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000049314

1. Corporation Name

ETA HOME HEALTH CARE, INC.

Principal Place of Business

**4506 L.B. MCLEOD RD., STE. F
ORLANDO FL 32811**

Mailing Address

**P.O. BOX 53-6576
ORLANDO FL 32853-6576**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1994

4. FEI Number

59-3272065

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DP**
STREET ADDRESS **GRIGGS, STEPHEN P**
CITY-STATE-ZIP **4506 L.B. MCLEOD RD., STE. F**
ORLANDO FL

TITLE ☐ DELETE

NAME **VP**
STREET ADDRESS **ZIOMEK, JANET L**
CITY-STATE-ZIP **4506 L.B. MCLEOD RD., SUITE F**
ORLANDO FL 32811

TITLE ☐ DELETE

NAME **S**
STREET ADDRESS **NOVELL, N. SCOTT**
CITY-STATE-ZIP **4506 L.B. MCLEOD RD., SUITE F**
ORLANDO FL 32811

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **LEVIN, MARC**
CITY-STATE-ZIP **10065 RED RUN BLVD.**
OWINGS MILLS MD 21117

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **ELKINS, MARSHALL**
CITY-STATE-ZIP **10065 RED RUN BLVD.**
OWINGS MILLS MD 21117

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

Orlando, FL 32811

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with a power of attorney.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/99

407-841-2115

CR2E034 (11/98)

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