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**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P94000056177 (6)

1. Corporation Name

UNISOURCE HOMECARE, INC.



Principal Place of Business

**1940 HARRISON ST.
SUITE 200
HOLLYWOOD FL 33020**

Mailing Address

**1940 HARRISON ST.
SUITE 200
HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified

07/28/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELDRIDGE, SHARMA S
1940 HARRISON ST.
SUITE 200
HOLLYWOOD FL 33020**

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 the corporation

(If Not Registered Agent Signature required when not changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DP**
STREET ADDRESS **ELDRIDGE, SHARMA S**
CITY-STATE-ZIP **8943-A THUMBWOOD CIRCLE**
BOYNTON BEACH FL

TITLE ☒ DELETE

NAME **DV**
STREET ADDRESS **MCDANIEL, CARLO B**
CITY-STATE-ZIP **8943-A THUMBWOOD CIRCLE**
BOYNTON BEACH FL

TITLE ☐ DELETE

NAME **DST**
STREET ADDRESS **MCDANIEL, MARY**
CITY-STATE-ZIP **8943-A THUMBWOOD CIRCLE**
BOYNTON BEACH FL

TITLE ☐ DELETE

NAME **DV**
STREET ADDRESS **HALL, MARY B**
CITY-STATE-ZIP **8943 A THUMBWOOD CIRCLE**
BOYNTON BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

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

DV
HALL, PATRICIA F.
4013 PEARL AVE
TAMPA, FL 33611

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARMA S. ELDRIDGE, PRESIDENT

2/15/96

1-800-600-7404

DATE TELEPHONE #

CR2E034 (12/95)