

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90258 046 \*\*\*150.00

DOCUMENT # P94000056177

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1994

4. FEI Number

65-0513872

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

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE DP ☐ DELETE

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

TITLE D ☐ DELETE

NAME HALL, PATRICIA F  
STREET ADDRESS 4013 PEARL AVE  
CITY-ST-ZIP TAMPA FL

TITLE EVPT ☐ DELETE

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

TITLE DV ☐ DELETE

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

TITLE D ☐ DELETE

NAME LAZARUS, JEFFREY S  
STREET ADDRESS 319 NE 6TH ST  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 4801 JEFFERSON ST  
1.4 CITY-ST-ZIP HOLLYWOOD, FL 33021

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 4801 JEFFERSON ST  
3.4 CITY-ST-ZIP HOLLYWOOD, FL 33021

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 4801 JEFFERSON ST  
4.4 CITY-ST-ZIP HOLLYWOOD, FL 33021

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SHARMA S. ELDRIDGE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/24/99

Date

954-929-4029

Daytime Phone #

CR2E034 (11/98)