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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000057270 (8)

1. Corporation Name
HOME HEALTH CARE OF AMERICA, INC.



Principal Place of Business

701 ENTERPRISE ROAD, E.
SUITE 910
SAFETY HARBOR FL 34695
US

Mailing Address

701 ENTERPRISE ROAD, EAST
SUITE 910
SAFETY HARBOR FL 34695-5342
US

3. Date Incorporated or Qualified
08/01/1994

3a. Date of Last Report
06/03/1996

2. Principal Place of Business

21 303 GULF WAY
Suite, Apt. # etc.

2a. Mailing Address

26 Box 910
Suite, Apt. #, etc.

4. FEI Number

59-3267521

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

City & State

23 PASS A GRILLE, FL

City & State

28 SAFETY HARBOR, FL

Zip

24 33706

Country

25 PINELLAS

Zip

29 34695

Country

30 PINELLAS

9. Name and Address of Current Registered Agent

MACDONALD, STEVE
701 ENTERPRISES ROAD, E.
SUITE 910
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name STEVE MACDONALD
82 Street Address (P.O. Box Number is Not Acceptable)
345 BAILEY STREET
83
84 City SAFETY HARBOR FL 85 Zip Code 34695

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
NAME 0 KIRK, ROBIN
STREET ADDRESS 5915 HATTERAS PALM WAY
CITY-ST-ZIP TAMPA FL 33615

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 PRESIDENT
1.2 NAME ROBIN KIRK
1.3 STREET ADDRESS 5915 HATTERAS PALM WAY
1.4 CITY-ST-ZIP TAMPA, FL 33615

2.1 TITLE SECRETARY/TREASURER
2.2 NAME STEVE MACDONALD
2.3 STREET ADDRESS 345 BAILEY STREET
2.4 CITY-ST-ZIP SAFETY HARBOR, FL 34695

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 do 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

1-9-97 813 360-4711

CR2E034 (9/96)