

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000071029 (0)

1. Corporation Name

LAKE SHORE VILLAS HOME HEALTH, INC.

95 FEB -7 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001401308

-02/09/95--01019--012

***200.00 ***200.00

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
16002 LAKE SHORE VILLA DRIVE TAMPA FL 33613		16002 LAKE SHORE VILLA DRIVE TAMPA FL 33613		09/27/1994			
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number		Applied For	
22. City & State		27. City & State		65-0524565		Not Application	
23. Zip		28. Zip		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
25. Country		30. Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

GOEHRING, ROLAND A
16002 LAKE SHORE VILLA DRIVE
TAMPA FL 33613

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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 fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	GOEHRING, ROLAND A	1.2 NAME	
STREET ADDRESS	16002 LAKE SHORE VILLA DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33613	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GOEHRING, MARY L	2.2 NAME	
STREET ADDRESS	16002 LAKE SHORE VILLA DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33613	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GOEHRING, DAVID R	3.2 NAME	
STREET ADDRESS	16002 LAKE SHORE VILLA DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33613	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(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 SERVING OFFICER OR DIRECTOR

1/10/95 (813) 968-5093